

# Camas United Methodist Church

706 NE 14<sup>th</sup> Ave, Camas WA 98607

360 834-2976

## Youth Ministries Permission Slip

Program: Youth Ministries

I, \_\_\_\_\_, give permission for my, son/daughter

(PARENT/GUARDIAN)

\_\_\_\_\_, to participate in the Camas United Methodist

(PARTICIPANT)

Church youth ministry. This includes regularly scheduled meetings and events at the church, and any special events sponsored by Camas United Methodist Church

### Student Information:

Grade of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Student food and other allergies: \_\_\_\_\_

### Parent Information:

Primary Parent or Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Secondary Contact Information (only to be used if primary contact(s) cannot be reached):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Media and Publicity:

Permission to use my child's image: I recognize that Camas United Methodist Church uses photographs and video images of events in publicity materials such as the church website, social media, newspapers, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.      YES      NO

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

Overall Health: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Does Student have any physical limitations or medical conditions we need to be aware of? If yes, please explain: \_\_\_\_\_

Current Medications (info as needed): My child is taking medication at present (list below). My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

\_\_\_\_\_

**HEALTH INSURANCE INFORMATION (Please print)**

Insurance Company: \_\_\_\_\_

Policy Number or Group number: \_\_\_\_\_

Policyholder's Employer: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Policyholder's Address: \_\_\_\_\_

**Authorization for MEDICAL TREATMENT**

(Student's name here) \_\_\_\_\_ has the permission of the undersigned to participate in Camas United Methodist Church activities. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. I do hereby release Camas United Methodist Church, its officers, its employees, agents, volunteers and members of its Board from all claims and causes of action by reason of an injury, which may be sustained as a result of these church activities.

**RELEASE OF LIABILITY**

I/We, the parent(s) or legal guardian(s) of the above participant do hereby release Camas United Methodist Church, the Church staff, all sponsors, and volunteers from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above events.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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*Thank you for being part of Camas youth ministry!*