

WELBORNE UNITED METHODIST CHURCH  
2015-16 YOUTH MEDICAL PERMISSION/INFORMATION FORM

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Last First Middle initial Month/day/year  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
Youth Cell Phone: \_\_\_\_\_ It's okay to: \_\_\_\_\_ Text \_\_\_\_\_ Call \_\_\_\_\_  
Youth email: \_\_\_\_\_

***please print clearly***

**Notify in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Family Doctor (name and phone): \_\_\_\_\_

Any allergies to medicines, foods, etc.: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Other dietary considerations (eg. Vegetarian): \_\_\_\_\_

Any history of serious illness (diabetes, asthma, epilepsy, etc.); recent injuries or hospitalizations

(Please list): \_\_\_\_\_  
\_\_\_\_\_

Other concerns youth leaders should be aware of: \_\_\_\_\_  
\_\_\_\_\_

What medications (if any) are currently being taken?: \_\_\_\_\_  
\_\_\_\_\_

In the event \_\_\_\_\_ suffers any illness or accident requiring emergency medical care or hospitalization while participating in Welborne UMC activities, on recommendation of the doctor, after consultation with the adult chaperone in charge, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the youth leaders will contact me at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult chaperones for the particular event to protect the safety of those involved, and in consideration thereof, I, the undersigned, do hereby release, forever discharge and agree to hold harmless **Welborne UMC**, its Trustees, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Youth Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

\_\_\_\_\_ HAS MY PERMISSION TO GO WITH WELBORNE UMC TO ALL RELATED ACTIVITIES FROM September 1, 2015 - September 1, 2016. I, the undersigned, do hereby also grant permission for Participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Welborne UMC. Participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

YOUTH SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

**WELBORNE UNITED METHODIST CHURCH  
2015-16 YOUTH PHOTO WAIVER**

I hereby authorize Welborne UMC, located in Richmond, Virginia ("Welborne"), to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me in connection with printed materials or other media it distributes, displays, transmits or exhibits. such distributions, displays, transmissions or exhibits may include, but are not limited to, publications, newsletters, magazines, brochures, CD ROMs, websites, social media and/or videos. I understand that my authorization grants Welborne the right to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me without compensation or further notice.

I hereby release and discharge Welborne for any and all liability arising out of or relating to the foregoing.

By signing this Consent and Release Form, I consent to allow the above named minor to participate in the activities described above and allow the information obtained from the above named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute the Consent and Release Form under the laws of my country, (ii) I have the legal authority to represent the above named minor and (iii) I have read and understand this Consent and Release Form.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_