

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Student Name: _____

Student Address: _____

Birth date: _____ Current Grade: _____ School: _____

Student Cell#: _____ Text OK? Y / N Student Email: _____
(circle one)

Student Social Media i.e. FB, Twitter, Instagram _____

Parent Email: _____ Parent Home # _____ Parent Cell# _____ Text OK? Y / N
(circle one)

I give permission for my youth (named above) to attend the events, outings, and service projects associated with the North United Methodist Church (North Church) Youth Group from January 1 through December 31, 2018. I further give permission for my youth to be transported to and from events by approved adult volunteer drivers authorized by North Church as outlined in the North Church Safe Sanctuaries Policy.

Medical Release

I hereby authorize the North Church Youth Group leaders, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my youth.

Photo Release

I recognize that the North Church uses photographs and video images of events in church publications including websites and newsletters. I hereby grant permission for photo/video images of my youth to be taken and used for such purposes. (Note: _____)

Activity Release

I further give permission for my youth to participate in all supervised activities except as noted:

Signature of Parent or Legal Guardian

Printed Name of Parent or Guardian

Date

Youth Agreement:

I agree to participate in the activities of Pittsboro United Methodist Church Youth Group, to cooperate with leaders and other youth, and to conduct myself as a Christian. I promise to respect God, myself, others, and respect property. I understand that my continued participation in Pittsboro United Methodist Church Youth activities depends on my support of this agreement.

Signature of Youth

Printed Name of Youth

Date

Emergency Contact Information

Names of person and telephone numbers to call in case of emergency

Name: _____ Relationship: _____

Home Phone: _____ Cell/ Alternate Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell/ Alternate Phone: _____

Cory Unthank - Minister of Youth and Young Adults
North United Methodist Church
3808 N Meridian Street Indianapolis, IN 46208
coryunthank@northchurchindy.com
Phone: (317) 924-2612
Fax: (317) 924-5161

Health Care Information

Student Name: _____

Primary Care Provider

Name

Phone

Medical Insurance Company

Policy/Group Number

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do **NOT** want dispensed to your youth:

Please list any additional information relevant to participating in North Church Youth group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

Information provided on this form will be kept strictly confidential.

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NORTH CHURCH SAFE SANCTUARIES POLICY, GUIDELINES & PROCEDURES

Waiver, Release of Liability, Indemnification, and

**Consent to Medical Attention for Events Held Away from Church Premises
Appendix D**

In exchange for my/our child or ward being allowed to participate in events sponsored by North United Methodist Church ("North Church"), which may take place partly or completely away from North Church, I/we, the custodial parent(s) or legal guardian(s) of _____ (individually and collectively referred to below in the first person singular), agree to be bound by each of the following:

1. Voluntary Participation and Authorization. I understand and confirm that my authorization of my child's or ward's participation in events, and my child's or ward's participation in events, is voluntary.
2. Identification of Risks. I understand that my child's or ward's participation in events may involve risk of injury and loss, both to person and property. I also understand that the risk of injury may include the possibility of permanent disability and death. I understand that this Waiver and Release of Liability is intended to address all of the risks of any kind associated with my child's or ward's participation in any aspect of events, including, particularly, such risks created by actions, inactions, or negligence on the part of North Church or its trustees, directors, officers, employees, agents, volunteers, successors, or assigns, including but not limited to risks created by the following: (a) the use and condition of various modes of transportation, premises, facilities, and equipment; (b) the lack or inadequacy of policies, rules, or regulations governing the conduct of events; (c) the failure of North Church to foresee or to protect my child or ward from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of persons other than those affiliated with North Church; (d) the inadequacy or unavailability of medical facilities or treatment; or (e) the lack or inadequacy of supervision.
3. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my child's or ward's participation in events. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my child's or ward's participation in events.
4. Release and Waiver. I release North Church and its trustees, directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my child's or ward's participation in Events (a "Claim"), whether or not caused in whole or part by the negligence or other misconduct of North Church or any of the individuals mentioned above.
5. Indemnification. I agree to indemnify and to hold harmless (in other words, to reimburse and be responsible for) North Church and its trustees, directors, officers, employees, agents, volunteers, successors, and assigns from all claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of my child's or ward's participation in events, whether or not caused in whole or in part by the negligence or other misconduct of North Church or any of the individuals mentioned above.
6. Binding Effect. This instrument shall be binding upon my child or ward, upon me as parent or guardian, and upon our relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns and shall inure to the benefit of North Church and its respective successors and assigns.
7. Consent to Medical Treatment. I authorize North Church to provide to my child or ward, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty on North Church to provide such assistance, transportation, or services.
8. Severability. If any term or provision of this instrument or the application thereof to any persons or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this instrument and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of the instrument shall be valid and enforced to the fullest extent permitted by law.
9. Applicable Law. Because North Church is located in the State of Indiana, and in order to provide certainty in the law applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Indiana.

THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT VOLUNTARILY.

IN EXCHANGE FOR MY/OUR CHILD OR WARD BEING ALLOWED TO PARTICIPATE IN EVENTS SPONSORED BY NORTH CHURCH, AND AS THE CUSTODIAL PARENT(S) OR LEGAL GUARDIAN(S) OF THE ABOVE-NAMED INDIVIDUAL, I/WE VERIFY THAT I/WE FULLY UNDERSTAND, AGREE TO, AND ACCEPT ALL PROVISIONS OF THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT. I FURTHER UNDERSTAND THAT THIS DOCUMENT IS EFFECTIVE FOR THE TIME PERIOD STATED ON THE ATTACHED PARENTAL PERMISSION & MEDICAL AUTHORIZATION FORM, WHICH ENCOMPASSES THE DATE OF MY SIGNATURE BELOW.

Printed Name (Parent or Legal Guardian)

Signature

Date

Printed Name (Parent or Legal Guardian)

Signature

Date

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