

MIDDLE SCHOOL AFTER-SCHOOL PROGRAM OF EMMANUEL LUTHERAN and
CHRIST UNITED METHODIST CHURCH ANNUAL PERMISSION/MEDICAL FORM
VALID DATES: August 2007 – August 2008

Child _____ Date _____
Last Name First Name

Address _____ Birthdate _____ Grade _____

I. Permission

_____ (print child's name) has my permission to participate in Emmanuel Lutheran and/or Christ United Methodist Church After School and/or Youth Ministry activities including field trips and off-site events scheduled during the above dates. I understand that on any trip, the appropriate number of adult counselors will drive and will be responsible for all children and teens that the trips will vary in distance and time, that the trips will not be out of state and that the trips will not be overnight.

(*** Note: a separate permission/medical form may be required for offsite, overnight or out of area events***)

II. Background Information

My youth/child has the following physical, mental, or emotional conditions about which the adult counselors or medical professionals need to know: _____

My youth/child is under the care or treatment of a medical professional for the following condition(s): _____

My youth/child is taking the following medications and/or has the following allergies: _____

Medical attention for my youth/child is covered under the following insurance policy

Ins. Co. Name _____	Plan type _____
Policy # _____	Holder's name _____
Preferred Hospital _____	
Family Physician _____	Phone _____
Dentist/Orthodontist _____	Phone _____
Specialists _____	Phone _____

III. Transportation Home

If it becomes necessary for my youth/child to come home for any medical or disciplinary reason, I agree to provide transportation and do so at my own expense.

IV. Medical Authorization

I give my permission for my youth/child to receive basic first aid if necessary. If professional medical care is required, I may be contacted at one of the following phone numbers:

Home _____ Work _____ Other _____

If I cannot be reached, medical treatment may be rendered to my youth/child. If major surgery is required, agreement by two licensed physicians must be obtained before surgery. I will be financially responsible for any treatment that is required.

V. Agreement

The information on this form is accurate and I agree to all conditions asked of me.

Parent Signature _____ Date _____

NOTE: A copy of this form will be located in the office of Youth Ministry during all field trips/outings. A church representative will use these forms to notify parents in the event of an emergency, unforeseeable delay in return time, etc...