**Lakewood United Methodist Church Youth Permission, Waiver & Medical Form**

*I, (parent/guardian), give permission for to attend the yearly events and activities sponsored by or attended by the Lakewood UMC Youth Ministry.*

Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Names: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Cell:

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Preferred way of contact:

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

 City State Zip Code

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Primary Care Physician: Phone:

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pharmacy Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ RX Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgeries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person(s) responsible for distributing medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­ Do You Wear Glasses or Contacts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any present physical or mental medical conditions (such as heart disease, diabetes, bi-polar disorder, etc.) that would need to be disclosed to a physician if a youth student was taken to the emergency room? (Please be as detailed as possible in case a third party not familiar with student’s medical history must communicate with an attending physician in an emergency. All disclosures will be handled with confidentiality.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I agree:

For Lakewood UMC to obtain any reasonable medical treatment or emergency medical care as deemed necessary by a licensed physician. I agree to pay for any treatment or medicines that my child receives. I designate the adult listed above to dispense any prescription medication my child is required to take or have available while participating with LUMC Youth Activities.

I release and agree to hold harmless LUMC and any related agency, conference, district, local church, member, employee, volunteer, or agent, from any liability, injury, damage or loss (including without limitation electronic devices), accidents, delay, or irregularity related to my child’s planned participation or involvement in LUMC sponsored activities.

LUMC reserves the right to remove and refuse youth participation, at LUMC’s sole discretion, now or in the future for any reason. By signing this statement, I agree my child should be subject to the exercise of this right of removal/refusal as deemed necessary by LUMC and to pay for any costs incurred by the youth being sent home for disciplinary reasons.

LUMC has permission to use my youth’s name, image, video, voice, likeness on LUMC website, media, or other marketing materials.

**Authorized Parent Drop Off/Pick Up Policy:** During regular youth events, authorized persons/parents/guardians are required to sign youth in/out on the check in/out sheet. Youth are allowed to drive themselves. However, other youth may not ride home with that student unless the authorized individual has given consent.

Only authorized individuals are allowed to pick up youth. Another individual may be permitted to pick up a youth only with the authorized person/parent/guardian’s prior consent. If the person is not authorized to pick up the youth, the parent/guardian must be contacted for permission. If the parent/guardian is unavailable, the youth will not be permitted to leave with the unauthorized individual. All authorized individuals will be listed in the youth student’s file.

Signature of Parent/Guardian Relationship Date

**List of Approved Individuals to Drop Off/Pick Up Your Youth Student:**

Parent/Guardian Name(s):

|  |  |
| --- | --- |
| **Approved Individuals Name:** | **Approved Individual’s Cell Phone:** |
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