DAVISON FREE METHODIST STUDENT MINISTRIES
YOUTH PERMISSION SLIP & EMERGENCY MEDICAL INFORMATION FORM FOR THE 2019-2020 SCHOOL YEAR

I hereby give my son/daughter, _____, permission to attend the youth events taking place during the 2019-2020 school year and allow transportation to and from when necessary.

I/ We, the undersigned parent(s) and/or natural guardian(s) of _____, a minor, do hereby authorize my child's adult leader (and/or any other adult appointed or designated by him/her)

(i.) to consent to medical surgical and dental care for such minor child

2. (ii.) to consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child, and
3. (iii.) on my/our behalf, to

(a) employ physicians, surgeons, dentists,

nurses, and other health care personnel as may be deemed necessary for such minor child,

(b.) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery, or care and

(c) sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this *YOUTH PERMISSION SLIP & EMERGENCY MEDICAL INFORMATION FORM* knowingly, freely, and willingly.

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I release and forever discharge Davison Free Methodist Church, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damages and causes of action either at law or in equity that I may have as a result of my (or my child's) participation in, attendance at, and travel to and from the event. Furthermore, I do hereby expressly stipulate and agree to indemnify and hold forever harmless at Davison Free Methodist Church, its agents and servants, successors, and assigns, directors, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by

anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during this event or travel to and from the same.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

_____ _____ PARENT/GUARDIAN OF PARTICIPANT

DATE

CONSENT AND LIABILITY WAIVER FORM

FOR THE 2019-2020 SCHOOL YEAR

Each participant of the Davison Free Methodist Youth Group must complete all spaces on this Consent and Liability Waiver Form as well as the Permission slip on the reverse side. These forms must be returned to the Youth Ministry Department Staff in order for the participant to attend events taking place during the 2019-2020 school year and is required for events that are overnight and/or requiring transportation to or from the event. Please type or print in ink.

PARTICIPANTS NAME _____
BIRTH DATE _____ MALE _____ FEMALE _____

PARENT/GUARDIAN

_____

HOME ADDRESS _____ EMAIL
_____

_____

HOME PHONE ( ) _____ WORK PHONE ( ) _____

NAME & RELATIONSHIP OF ANOTHER PERSON TO CONTACT (IF A RELATIVE, IDENTIFY RELATIONSHIP)

_____ PHONE ( )
_____

HEALTH PLAN CARRIER

_____

POLICY # _____ INSURANCE AGENT PHONE ( ) _____

POLICY HOLDER'S NAME
_____

FAMILY DOCTOR _____ PHONE ( )
_____

MEDICAL EXCHANGE ( ) _____

FAMILY DENTIST _____ PHONE ( )
_____

1. Do any pre-certification, notification, or other requirements exist with respect to the health insurance of

participant? If so, please specify:

_____

2. Please note any allergies which the participant has:
_____

3. Is the participant taking any medication? If so, please describe/list:
_____

_____
_____

Are there any allergies or other medical conditions of which leaders/medical personnel should be aware?

If so, please describe:
_____