

Mt. Zion UMC, Highland Youth Ministry Permission & Liability Form: 2023 - 2024

This form covers all youth activities and events held during the 2023-2024 youth ministry year, including (but not limited to) Sunday School, United Methodist Youth Fellowship, Special Events and Service Projects. Parents will be required to verify health insurance and emergency contact information prior to each overnight or off-site event, and must notify the Youth and Children's Minister of any changes in the information provided below.

Youth Full Name: (first, middle, last) _____

Grade/Name of School: _____

Youth's Cell #: _____ Youth's Email: _____

Youth Birthdate: _____ Home Phone #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Parent/Guardian: _____

Cell Phone #: _____ Parent/Guardian Email: _____

Parent/Guardian: _____

Cell Phone #: _____ Parent/Guardian Email: _____

Emergency Contact Name: _____

Relationship to Youth/Family: _____

Cell Phone #: _____ Home Phone #: _____

Medical Information & Release

Youth's Primary Physician: _____

Name of Practice: _____

Phone #: _____

Youth's Health Insurance Provider: _____

Group #: _____ Policy #: _____ Member ID: _____

Chronic condition(s) for which the youth is being treated (e.g., asthma, ADD, or similar):

Food Allergies: _____

Medical Allergies: _____

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Environmental Allergies: _____

Does the student carry or use and EpiPen/EpiPen Jr.? _____

Does the student carry or use an inhaler? _____

Verification for Events

In the event that a student is transported to an event by an adult other than a primary custodial parent or guardian, parents or guardians may be asked to verify emergency contact and health insurance information with the adult-in-charge. Parent/Guardian initials below affirm the above information and releases as of the date following your signature, and specifically for the listed events.

Event: _____ Initials: _____ Date: _____

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Event: _____ Initials: _____ Date: _____

Event: _____ Initials: _____ Date: _____

Event: _____ Initials: _____ Date: _____

Event: _____ Initials: _____ Date: _____

Event: _____ Initials: _____ Date: _____

Event: _____ Initials: _____ Date: _____

In the event of an emergency, I authorize the appropriate authority at Mt. Zion United Methodist Church (i.e., the Youth & Children's Minister or YCM's designee) to transport my child to the nearest emergency care facility and to initiate treatment on my child's behalf. This authorization will remain in effect until one year from the undersigned date. Photography and video release statement: events attended and sponsored with and in conjunction with Mt. Zion United Methodist Church, Highland, MD may be photographed or video-recorded. Attendance at Mt. Zion UMC, Highland, MD constitutes the consent of all attendees, and the consents of the parents and/or legal guardians of any minor children in attendance, to future broadcast, publication, or other use of photographs or videos at the sole discretion of Mt. Zion United Methodist Church, Highland, MD.

Signature of Parent/Guardian

Date