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Bridgeview UMC Youth Ministry

Health History, Emergency Contact, and Emergency Medical Treatment Permission Form

To the Parents or Guardians of: _____ (The Participant)— The information on this form will be used by the clergy and adult leaders of youth activities during the year in case of any emergency involving your child or yourself (if you are participating in a youth activity). Please note that this is only an information and release of liability form. This is not blanket permission for any youth to participate in any activity. A specific permission form will be required for most events and programs.

This form is only valid for September 2014-August 2015. A new form will be required each school year starting on September 1. We need a permission form for each child, even if you have more than one child that participates in youth activities.

Family Name:	Youth First Name:	Youth Middle Initial:	Suffix:
Home Address, City, State, Zip:			
Birthdate:	Sex:	Grade:	Participant E-Mail Address:
Please attach a copy of your insurance card to this sheet. (Front and back)			

Parent or Guardian name:	Home phone:
Address:	Work phone:
Email Address:	Mobile phone:

Parent or Guardian name:	Home phone:
Address:	Work phone:
Email Address:	Mobile phone:

Emergency Contact Name:	Relationship:
Address:	Work phone, mobile phone:
Any other contact information:	

Name of pediatrician or any other physician providing primary health care for participating individual:

Address: _____ Office phone: _____

Current medications: List all prescription or over the counter medications now being used:

Food & Drug allergies and reactions:

Significant medical history- List any significant medical history that may be needed for emergency treatment:

Permission:

I consent to the administration of any necessary or advisable medical treatment for _____ (the participant) for the duration of events for which I have signed permission forms. I request that an attempt be made to notify me of any proposed treatment, but I recognize and understand that medical treatment may be necessary or advisable before I can be notified, and I consent to the administration of treatment in that event. I understand that Bridgeview UMC does not provide medical insurance for participants in its youth programs. Information regarding medical insurance for the participant is as follows:

Employer: _____

Insurance Company: _____ Plan No. _____

Insured: _____ Identification/ Policy No. _____

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Bridgeview United Methodist Church.

I consent to the use of my Child's image or voice in photographs, audio and/or video recordings taken during the course of events for the purpose of promoting Bridgeview United Methodist Church.

Release of Liability

I understand that _____ (the participant) may be exposed to risk of injury in connection with his or her participation in the programs for which **I will sign individual permission forms during this church school year**, and I understand that the participant may become ill or have an emergency during these programs. I hereby release and agree to indemnify and hold harmless Bridgeview UMC its Church Council, Pastors, Officers, Agents, Servants, Employees, Adult Youth Advisors, and any and all Parental Chaperones from any and all liability for any injury which may occur to the participant and for any damages that may be sustained by the participant in connection with his or her participation in the programs.

It is my intention and my understanding that this release of liability shall be in force for any event or program for which I shall provide individual specific permission to participate during the Church School year identified on page 1 of this form.

Parent or legal guardian (Print): _____

Parent or legal guardian (Sign): _____

Date: _____