

FIREHOUSE YOUTH MINISTRY
CLAY UNITED METHODIST CHURCH
17646 Cleveland Rd. South Bend, IN 46635 (574) 272-8068
YOUTH PARTICIPATION PERMISSION & EMERGENCY MEDICAL FORM
FOR AUGUST 2018 – AUGUST 2019

Student Name: _____ has permission to participate in FIREHOUSE YOUTH MINISTRY EVENTS, including transportation as required, from AUGUST 2018 - AUGUST 2019. In the event of an Emergency, where medical treatment is required, I give permission for my child to be treated by a licensed physician while in the care of the church staff & event chaperones; and/or to receive general pain medication or over the counter allergy medication at the discretion of the afore said.

YOUTH EMERGENCY & MEDICAL INFORMATION

YOUTH NAME _____ STUDENT CELL# _____

STUDENT EMAIL _____

DATE OF BIRTH _____ GENDER ____ GRADE _____ SCHOOL _____

PARENT OR GUARDIAN NAME(S) _____

FAMILY ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

FATHER: CELL PHONE _____ WORK PHONE _____

EMAIL _____

MOTHER: CELL PHONE _____ WORK PHONE _____

EMAIL _____

PHYSICIAN _____ PHONE _____

INSURANCE COMPANY _____ PHONE _____

GROUP/PLAN # _____

BLOOD TYPE _____ ALLERGY/MEDICAL/HEALTH CONDITIONS OR CONCERNS:

MEDICATION YOUR STUDENT WILL NEED TO TAKE ON A REGULAR BASIS

(present to event chaperone in original container w/dosages clearly stated)

ADDITIONAL PEOPLE TO NOTIFY IN THE EVENT THAT YOU ARE UNREACHABLE

NAME _____ PHONE _____

NAME _____ PHONE _____

MEDIA AUTHORIZATION

Permission, by signature below, is granted to use pictures & videos of the student designated above in Firehouse/Clay Church websites, newsletters, bulletin boards, etc.

If this is NOT acceptable, please initial here _____

PRINT NAME _____ RELATIONSHIP _____

SIGNATURE _____ DATE _____