



Permission and Medical Release form for Oak Ridge UMC Youth 2021-2022

Participant: _____ Birthdate: _____

Address (Mailing & Street): _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (Someone not living at the residence stated above but is a Relative/Neighbor/Friend):

Name: _____ Phone: _____

Participant's Physician/Address/Phone: _____

Are there any allergies (food or medications) or Medical Conditions we should be aware of?

Yes

No

If yes, please explain:

Does your child take any prescribed medications on a regular basis?

Yes

No

If yes, please list medication/dosage/frequency

My child _____ has permission to attend activities with the ORUMC Ridge Student Ministry. In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that neither I, nor the Emergency Contact listed above, can be contacted, I hereby give permission to any and all church appointed chaperones to select a physician, if the above mentioned physician is unattainable, to hospitalize, to secure proper medical tests and or treatment for, and to order injection, anesthesia, or surgery for my child listed above.

I release the following from any liability in the event of an accident en route to, during, and/or returning from off-site locations and the church, both work and recreational related: all adult leaders, chaperones, and staff member of Oak Ridge UMC.

I give the Ridge Student Ministry permission to use all photos and video of my child taken during participation in church, district, or conference related events for the purposes of advertisement and promotion for the Ridge Student Ministry, Oak Ridge UMC, and its programming.

Signature of Parent/Guardian: _____ Date: _____

Family Insurance Information

Company Name: _____

Policy Number: _____

Policy Holder: _____

*****Please include a copy of your insurance card to go along with this form and turn into Director of Youth*****