



Youth Permission Slip and Medical Release Waiver

(Required in order to attend any out-of-town activities sponsored by Chelsea First United Methodist Church)

I hereby give permission for _____ (youth's name) to attend
_____ (event) on _____ (date)
at _____ (place).

In case of emergency, please contact _____
Telephone # _____ Cell Phone # _____

The following person(s) have permission to pick up my child(ren) _____

It is assumed that all due care and precaution will be taken by the First United Methodist Church staff and members in attendance at the above stated event. Beyond that, the First United Methodist Church will assume NO responsibility.

Does your youth have any known allergies? ____ yes ____ no

If yes, please list _____

Will your youth be taking any medication during event? ____ yes ____ no

If yes, please list _____

____ Yes, Ibuprofen or acetaminophen can be administered to my youth if requested for minor aches or pains.

____ Yes, I give my consent for any pictures taken of my youth at the above stated event to be shared in any future youth publications and/or on the church's website. (According to Chelsea First United Methodist Church Digital Communication Policy no identifying information, including names, will be posted alongside a child's image.)

Parent or Guardian must check below and fill out form on back for child/youth to participate in the above event.

____ Yes, I have completed the medical release wavier on the back of this document so my youth can participate in the above stated event.

Parent/Guardian Signature _____ Phone _____

Medical Release Waiver

I _____, the parent or guardian of _____, agree to the following: I am/we are aware of and understand there may be potential risks inherent with participating in any recreation activity. I/we assume all risks and hazards incidental to such participation. In consideration of my (and/or my child/s) participation in the activity/ies, I hereby release and discharge the Chelsea First United Methodist Church, its staff, and their volunteers from any and all liability arising from accident, injury and illness that I (he/she) may suffer as a result of my (our) participation in this activity. In the event of an emergency, I/we authorize the Chelsea First United Methodist Church staff and volunteers to obtain medical treatment for the above-named participants. I (we) will follow the rules, regulations, and policies set forth by the Chelsea First United Methodist Church.

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN

Signature

Date