

FIRST UNITED METHODIST CHURCH

YOUTH AND YOUNG ADULT MINISTRIES

August 2009

Dear Parent,

It's that time of year again! The First Church Youth Ministry has several away events planned for both the Middle and High School youth groups. I realize that for some, filling out an almost identical permission slip for each event can be inconvenient. Therefore, there are two Permission Slip and Medical Release options:

1. A year-long Permission Slip and Medical Release Form:

The enclosed form is designed to cover the entire school year, for all one day events. Forms will be kept in a notebook that will be carried with the group on events. The youth ministry will continue to advertise these away events on the youth calendars, parent newsletters, with flyers or postcards and on First Church's youth website. A form is needed for each student in the family.

2. Event specific Permission and Medical Release Form:

If a student does not have a year-long release on file, an event specific release form will be available from the youth bulletin board next to the mailboxes, in the slots outside of my office, or from First Church's youth website (www.auburnfirstunitedyouth.com).

Overnight trips and events to facilities that require their own permission slips will always have event specific permission forms.

In order to stay current on information, we must update our permission slips yearly. These current forms will run from August 2009 – August 2010. Please be sure to return your youth's completed permission slip to First Church's main office or the box on my door. If you have any questions, please feel free to contact me via church office: 925.0885; email: ayankey@auburnfirstunited.com; home: 927.0531; or cell: 414.5692.

In Christ,

Pastor Allison Yankey
First United Methodist Church
Director of Youth and Young Adult Ministries

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Permission and Medical Release Form (August 2009 – August 2010)

The undersigned parent(s) or legal guardian(s) of _____ give permission for this minor to attend all daytime First Church Youth Events, both on and off campus. I (we) release First United Methodist Church and its agents from any liability for any accident, injury, or loss of property of my (our) child.

I (we) also give permission for above named minor to receive any emergency treatment (medical or surgical) and I (we) will assume responsibility for any such medical expenses incurred. I (we) also give permission for the above named minor to receive basic medication or first aid from the adults on the trip. The adults may administer:

_____ Tylenol _____ Ibuprofen

Signed _____ Date _____

MEDICAL INFORMATION

My (our) child has allergies to: (check and explain reaction)

_____ Medications _____ Foods _____ Bee Stings _____ Other

My (our) child is taking the following medications: (list names and dosages)

My (our) child has been vaccinated for: _____ Tetanus _____ Date of Last Booster

Other Medical Conditions: (check where applicable)

<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Motion Sickness
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Urinary Tract Difficulties	
<input type="checkbox"/> Difficulty getting along with peers or authority figures (explain):			
<input type="checkbox"/> Other problems leading to unconsciousness (explain):			
<input type="checkbox"/> Any recent medical care received (explain):			

Name and phone number of personal physician: _____

Work Phone (father) _____ Work phone (mother) _____

Home Phone (parents) _____ Cell Phone _____

Parents' Address _____

Health Insurance Co./Policy Number _____

Emergency Phone Number (friend, neighbor, relative) _____

	<p>For some events, volunteers who are between the ages of 19 – 23 may be needed to drive youth in private vehicles; I (we) also give permission for our son/daughter to ride in a vehicle driven by a younger volunteer (19 – 23; not a high school student).</p> <p>Please initial: _____</p>	
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