

Parent/Guardian Consent/Release of all Claims/Medical Information Form

Please return to Mary Abbott, Director of Children & Youth Ministries

If you have any questions, please call Mary at 803-432-3191, Ext. 19.

This form covers all Lyttleton Street United Methodist Church Youth Ministry trips/activities/programs/events for the 2010-2011 school year and summer of 2011.

I, _____ do hereby allow _____
(Parent/Guardian name) (Name of student)
the named child, to attend any and/or all Youth Ministry activities that I deem appropriate. I understand that my child's participation in any trip/activity/program/event indicates my decision to allow his/her involvement therein. I agree and consent to have the staff members, leaders and/or counselors, under whose support the program is conducted, and any other worker in the program approved as parent to secure any emergency medical care or treatment that may be necessary for my child during any and all trips/activities/programs/events, including transportation to and from any and all destinations. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured by and/or for my child.

I, being 18 years of age or older, do for myself (and on behalf of my child if said child is not 18 years of age or older), hereby release, forever discharge and agree to hold harmless Lyttleton Street United Methodist Church and the directors thereof, from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned that may occur while said child is participating in any Youth Ministry activity.

Furthermore, I, on behalf of my child, hereby assume all risk of personal injury, sickness, death, or damage as a result of participation in any activities involved therein.

The undersigned further hereby agree to indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of negligent, willful, or intentional acts of said participant.

STATE OF _____) COUNTY OF _____) SWORN TO BEFORE ME, a Notary Public, by said _____ personally known to me this _____ day of _____, 20_____. _____ Notary Public My Commission Expires _____
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I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in said trips/activities/programs/events, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to disciplinary action, for medical or otherwise, I hereby assume all transportation costs.

Parent/Legal Guardian Signature _____ Date: _____

Relationship to participant _____

Participant's signature _____ Date: _____

Participant's age: _____ Grade: _____ Birth date: _____

Home address: _____

Telephone: (daytime) _____ (evening) _____
(cell) _____ (other) _____

Emergency Contact (name) _____

(Relationship to child) _____ (phone) _____

Do you carry medical/hospital insurance? _____ (If yes, continue below. If no, leave below blank.)

Name of Insurance Company _____

Policy or Group _____

Does the participant have any medical condition(s) that any medical professional or we should be aware of? If so, please list them here:

Is there any other information that you think would be helpful for us? If so, please provide that here:

