

YOUTH
MEDICAL INFORMATION & RELEASE

Peace United Methodist Youth Ministry
235 Diley Road, Pickerington, OH 43147

Youth _____ (Please print) 2008-09 School Year

Grade _____ School _____ Birthday _____

Parent's name _____

Address _____

City _____ State/Zip Code _____

Home Phone _____ Cell/pager # _____ Work Phone _____

E-mail Address: _____

Person to contact in case of emergency _____

Phone _____ Relationship _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Health Insurance Company covering youth _____

Policy Number _____ Phone _____

Personal Medical Information

Allergies _____

Medical history _____

Current medications _____

Dietary or physical restrictions _____

In the event I am unable to be reached at the numbers above, I hereby authorize emergency medical treatment, surgery or dental care to be given to my son/daughter, as considered advisable or necessary in the judgment of an emergency medical professional or attending physician. I shall be liable and agree to pay all costs and expenses incurred in connection with any medical services needed for my youth.

Parent (or Guardian) Signature

Date

PERMISSION AGREEMENT & COVENANT

I give permission for my youth, _____, to participate in the planned activities of the Youth Ministry of Peace United Methodist Church. I understand that volunteer adults will be chaperoning youth activities and will take reasonable action, as they deem necessary to protect the best interests of all participants. In signing this document, my youth agrees to conduct himself/herself in a safe and orderly Christian manner and will abide by decisions made by the adult leaders. *I am aware that private transportation will be used when travel is necessary and give permission for my youth to ride with an adult for activities.* I release Peace United Methodist Church and its employees and volunteers from any liability arising out of any injury, damage or loss which may be sustained by my youth during youth ministry.

I have read and understand the conditions described above, and I give permission for my youth to participate in Peace United Methodist Church Youth Ministry activities.

Parent or Guardian

Date

Youth Covenant

I understand that I am representing Peace United Methodist Church in all youth activities. Therefore, for my own safety, the well-being of others, and mutual respect, I promise to abide by the following guidelines while involved in church sponsored activities -

1. I will not use alcohol, drugs or tobacco in any form.
2. I will treat other peoples' property with respect and cause no form of vandalism or destruction to any private or church property.
3. I will treat other members of the Youth Group with respect. I will cause no emotional or physical injury to others or myself.
4. I will not participate in inappropriate forms of PDA (public displays of affection.)
5. I am responsible for my actions. I will act in a Christian manner.

In addition to these guidelines, I agree to work in harmony with the members of the group by participating in activities, and I will respect the opinions of others and care for my peers as sisters and brothers in Christ. I agree to listen and adhere to the instructions given by the adult leaders.

Youth Name

Youth Signature

Grade

(This Permission Agreement and Medical Form will be kept on file at Peace Church and will be taken on each trip. You do not need to fill one out for each trip unless there are changes.)

Every youth involved in any area of youth ministry must fill out this form!