

Mill Grove UMC – Youth Activity Parental Consent Form

I/we the undersigned request that my/our child be permitted to participate in the activity named below

Child's Name _____
DESTINATION: _____
PARENTS Name _____ PHONE NUMBER _____
INCASE OF EMERGENCY PLEASE CALL _____ RELATIONSHIP _____
Phone Number _____ Date of Trip _____
Insurance name _____ policy number _____ Group# _____
Policy holders name _____ Date of Birth _____

MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize a youth counselor representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

RELEASE OF CLAIMS AGAINST MILL GROVE UMC

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above -identified field trip. I understand that there are risks in my child's/ward's presence, transportation, and participation in this church-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHIL(I) TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF. OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEREBY RELEASE THE CHURCH, MILL GROVE UMC, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES. FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS FIELD TRIP. I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE CHURCH/ MILL GROVE UMC AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel.

SIGNATURES

Youth Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please print Name _____ Phone: _____