



**NEW HOPE**  
UNITED METHODIST CHURCH

***New Hope United Methodist Church***

*1950 Dickinson Road  
De Pere, Wisconsin 54311*

**YOUTH GROUP EMERGENCY CONTACT, MEDICAL RELEASE, & LIABILITY FORM**

THIS FORM WILL BE KEPT ON FILE WITH THE NEW HOPE YOUTH LEADERS AND BE TAKEN WITH ON ALL TRIPS. A COPY OF THIS FORM WILL ALSO BE MADE AND PLACED ON FILE IN THE CHURCH OFFICE. IF THERE IS A NEED TO UPDATE THIS FORM AT ANY TIME DURING THE YEAR PLEASE CONTACT THE YOUTH LEADERS FOR A NEW FORM.

*A COPY OF THIS FORM SHALL BE VALID AS THE ORIGINAL. THIS FORM DOES NOT REPLACE THE PERMISSION FORM THAT WILL NEED TO BE SIGNED FOR EACH TRIP.*

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Emergency Contacts (Please list at least 2)**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Physical or Medical Condition:** I am responsible for consulting with a physician concerning my medical needs during any trip I attend as a part of the New Hope United Methodist Church - Young Hope Youth Group. Provided below is a description of my current physical or medical condition that will require attention or accommodation during any or all trips this year.

Description of physical or medical condition:

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Required Medication (Name of medication, dosage, time of day):

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- 1. **Authorization of Medical Treatment:** If emergency medical attention is necessary during any trip, the trip Leader or any volunteer authorized by New Hope United Methodist Church to participate in the trip may authorize a licensed physician to provide me with medical treatment.

Name of Insurance Company:

Policy Holder: \_\_\_\_\_ ID or Group #: \_\_\_\_\_

- 2. **Health and Accident Insurance:** I represent and warrant that I will be covered throughout all trips by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses I sustain or experience while on the any trips.

- 3. **Liability:** I hereby release and save harmless New Hope United Methodist Church and any and all of its employees and volunteers from any and all liability from any harm arising to my child as an accidental result of any outing or trip.

By signing below, I acknowledge that I have read this form in its entirety and completed it accurately. I understand its terms, that I will abide by each of the terms and conditions of this agreement, and that I have signed this agreement knowingly and voluntarily.

Signature of Youth Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**To Parent or Legal Guardian of the above signed:** If the above signed is less than 18 years of age, your signature is required below.

As the parent or legal guardian of the student whose signature appears above, by signing below I acknowledge that I have read this Agreement, that I understand its terms and conditions, and agree to be bound by the terms of the Agreement as if I had signed above. I hereby release and save harmless New Hope United Methodist Church and any and all of its employees and volunteers from any and all liability for any and all harm arising to my child as an accidental result of any outing or trip.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_