



**Clemmons:One & Confirmation**

Permission and Medical Release Form

For All Clemmons:One Activities, Trips & Events. 9/1/2017-8/30/2018 (Revised July, 2017)

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

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

Cell Phone (Parent) \_\_\_\_\_ Join our text list? Yes/No

School: \_\_\_\_\_

Email Address (Parent) \_\_\_\_\_

**In Case of Emergency Contact:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

(Parent, Spouse, Legal Guardian) Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address of Above \_\_\_\_\_

**Other Relative or Emergency Contact:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**Health Form**

Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medications you can **NOT** take: \_\_\_\_\_

Medications you currently take: \_\_\_\_\_

Allergies: \_\_\_\_\_

Anxiety: \_\_\_\_\_

Health concerns/things we should be aware of: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

**Insurance Information: (Please include front/back copy of card)**

Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

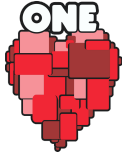
Policy Number: \_\_\_\_\_

Policy Holder's ID Number \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_



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I, \_\_\_\_\_ give permission for \_\_\_\_\_ to participate in all activities, trips, and events with the Clemmons United Methodist Church Youth group (Clemmons:One and Confirmation) from September 1st, 2017 through August 30th, 2018. In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Clemmons United Methodist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is authorized for medical treatment by competent medical personnel. In an emergency situation, consent/permission is authorized for medical treatment to be administered by competent medical personnel without contacting me or the other emergency contacts.

Further, and unless specified otherwise, consent/permission is hereby give to all accompanying adult volunteer leaders on this trip to hospitalize, secure proper treatment for, and to order injection anesthesia, or surgery (under recommendation of qualified medical personnel.) Preference consideration should be give to those adults in attendance with Clemmons:One.

I, on behalf of myself, my child and for myself and all other persons, hereby release and hold harmless Clemmons United Methodist Church and its adult leaders for any injury, illness, death or other accident that may occur on this trip. I understand that activities, trips, and events may involve travel as well as involvement in physical activities of which both tasks are potentially dangerous.

I understand that Clemmons United Methodist Church does not carry medical insurance on people participating in their activities. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

**Media Release Statement:** In signing this document, I also give Clemmons UMC permission to use anonymous photographs or video footage of my child for use on our website or other church publications.

**I understand that if any of the information listed on this form changes, it is my responsibility to provide an updated form to the CUMC Youth Minister/Leader.**

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**Date & Signatures/Relationship of (Parent/Guardian of Minor Participants)**

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**Date & Signature of (Participant)- I certify that I am 18 years or older.**