



**Dixboro United
Methodist
Church**

Children & Youth Permission Form
2017-2018 Program Year

Child's Name _____ Nickname _____
 Child's Date of Birth ____/____/____ grade in school (or age) for 2017-18 _____
 Cell # _____ School _____

Allergies _____ Medication(s) you can NOT take: _____

Medication(s) you are currently taking: _____

Current medications to be administered by: youth staff person (circle one)

Child's Name _____ Nickname _____
 Child's Date of Birth ____/____/____ grade in school (or age) for 2017-18 _____
 Cell # _____ School _____

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Medication(s) you are currently taking: _____

Current medications to be administered by: youth staff person (circle one)

Parent(s) or Guardian(s) Name(s) _____

Address _____

Primary Phone # _____ Secondary Phone # _____

Household Email Address _____

In case of emergency contact:

Name: _____ Home phone: _____

Relationship: _____ Cell phone: _____

****Only fill out if in Middle School or High School****

Personal Physician: _____ Phone: _____

Insurance Co: _____ Phone: _____

Address: _____

Policy#: _____ Group# _____

Primary Insurer's Name: _____ Relationship: _____

Current tetanus shot? _____ If yes, indicate date: _____

Comments: _____

*****Please also provide a copy of your insurance card, front and back*****

Medical Release

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to be transported to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills.

I Agree.

Media Release

Dixboro United Methodist Church occasionally has the opportunity to use photos to promote the Sunday School program, children's choirs and other church activities. Uses might include a display board, church newsletter, church website, Facebook, press releases, etc. In such a case, no names would be released, only photos.

I give Dixboro United Methodist Church permission to include my child(ren) in photos used for informational or promotional purposes.

I Agree.

Signature of Parent or Legal Guardian (if under 18)

Date

Signature of Participant

Date

Signature of Participant

Date

Signature of Participant

Date

Signature of Participant

Date