Christ United Methodist Church
Overnight/Out of State
Permission Form and Method Authorization

PERMISSION FORM:

______________________________ has my permission to participate in the following trip or event:

Name of Event: **"Faithseekers" Youth Choir Tour**

Departure Date: **Monday June 19, 2006** Return Date: **Friday June 23, 2006**

____
Signature (Parent or Guardian if under 18)

As the above child's legal guardian, I give my permission for my child to attend the above outing as part of the Children's/Youth Ministries at Christ United Methodist Church. I understand that my child will leave from and return to Christ United Methodist Church, and my permission is for this outing only**.**

I hereby waive, release and forever discharge any and all rights and claims for damages which I or my child may have or which may hereafter accrue to me against Christ United Methodist Church, its members, representatives, staff, counselors and volunteers, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with or arising out of my participation in the above mentioned event or trip.

____ and ____
Signature of Participant Date Signature of Parent or Guardian Date

MEDICAL INFORMATION:
Does your child have a history of the following: Please answer "yes" or "no" and, if "yes," provide details below.

Allergies	_______________	Headaches	_______________
Asthma	_______________	Heart Disease	_______________
Insect Sting Reaction	_______________	High Blood Pressure	_______________
Diabetes	_______________	Hypoglycemia	_______________
Epilepsy	_______________	Auditory Problems	_______________
Dizziness or Fainting	_______________	Visual Problems	_______________

Other ____

Details ____

Has your youth had any major surgeries, mental impairment, disabilities, or hospitalizations that might impact his/her ability to fully participate in this trip? If yes, please describe briefly. ____

What was the date of your youth's last tetanus shot or booster? ____

Is your youth under a doctor's care for any reason? If yes, please describe briefly. ____________________________________

____

Is your youth currently taking any prescribed or over-the-counter medication? If yes, please describe briefly. ___________

____

Is your youth capable of monitoring medication schedule him/herself? _________ If no, please include detailed instructions for the adult counselor (attach a separate sheet or original prescription label if needed) _________________

____

____

Is there any additional information about your youth's physical or emotional health, or any condition that has not been disclosed in this form, which you think is important for the counselors to know? If yes, please explain. All information will be kept strictly confidential. ____

____

____

Please list your physician's name, address and telephone number: ____

____

Please list your dentist's/orthodontist's name, address and telephone number: ____

____

Please list the name, address and telephone number of any/all specialists whose care your youth is under: _______________

____

____

MEDICAL AUTHORIZATION:

In the event that reasonable attempts to reach me have been unsuccessful and reasonable attempts to reach my child's physician have been unsuccessful, I give my consent for the administration of any treatment deemed necessary by a licensed physician or doctor and the transfer of my child to any reasonably accessible hospital or health care facility.

This authorization does not cover any major surgery unless the medical opinions of two licensed physicians or doctors, concurring in the necessity for such surgery, are obtained before the surgery is performed.

____ ________________________

Signature of Parent or Guardian Date

____ ________________________

Signature of Participant Date

____

Phone numbers to be attempted in case of an emergency (include relation to youth)

____

Name of Insurance Company, including group #'s and phone number (please include a photocopy of card)

****** Please Note – Notary Required ******

Sworn to before me a subscribed in my presence this ______________ day of ________________ , 20___.

Notary Public: ____