

**Benson Memorial United Methodist Church**  
**Information, Permission, and Medical Release Form**  
**All Youth Activities from July 1, 2015 - September 1, 2016**

**Youth's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
Last First M. Initial

Address \_\_\_\_\_

Youth's Preferred Name \_\_\_\_\_

Grade for 2014-2015 \_\_\_\_\_ School \_\_\_\_\_

Youth's Email \_\_\_\_\_

**Mother/Guardian's Name** \_\_\_\_\_  
Last First M. Initial

Address (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_  
Last First M. Initial

Address (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

**Sibling's Name(s)** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

Name \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

Name \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

**Emergency Contact Other Than Parents**

Name \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Medical Information (PLEASE UPDATE IF CHANGES OCCUR)**

Date of last Tetanus shot \_\_\_\_\_

Medications that youth cannot take \_\_\_\_\_

Allergies/Health Problems \_\_\_\_\_

Medications Needed (for overnight stays) \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder's ID # \_\_\_\_\_

Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### Permissions

\*I do hereby certify that my child, \_\_\_\_\_,  
has permission to participate:

In all youth activities from July 1, 2015 - September 1, 2016 \_\_\_\_\_ yes \_\_\_\_\_ no

In church newsletter, video, and bulletin board photographs \_\_\_\_\_ yes \_\_\_\_\_ no

In photographs on the church website (name not used) \_\_\_\_\_ yes \_\_\_\_\_ no

\*I acknowledge that I may be required to give specific affirmative permission for certain activities held away from Benson Memorial United Methodist Church.

\*I hereby authorize my child to ride the church van and/or bus and/or chaperones if necessary for off-campus events. There will be at least two adults in the vehicle at all times.

\*I hereby authorize any hospital, clinic, physician, nurse, dentist, or technician to furnish my child named above any medical or dental care and treatment necessary as a result of injuries or conditions as the circumstances require while participating in activities of or sponsored by BMUMC, including transportation to and from such activities. I hereby authorize representatives of BMUMC to consent to and acquire said care and treatment on my behalf if I cannot be contacted or if the circumstances are such that there is not sufficient time or opportunity to contact me. I agree not to hold such person responsible and hereby release such person from liability from any damages arising from the giving of such consent or the acquisition of such care and treatment. I further agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named child pursuant to this authorization.

\*Should it be necessary for my child to return home early from an off-site activity due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

\*The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities of or sponsored by BMUMC.

---

Signature of Parent or Guardian

Date