



420 Saylor Street, Schuylkill Haven, PA 17972
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2021-2022 Youth & Family Ministries Blanket Permission & Release Form

This Permission, Release, Emergency Contact and Health Form shall be valid from August 1, 2021, to September 1, 2022, and only needs to be filled out and submitted one time for the 2021-2022 school year.

I understand that the First United Methodist Church, Schuylkill Haven, its staff, and volunteers, are committed to safe, fun, and educational activities, and that all activities are conducted in a smoke, alcohol, and drug-free environment. To help ensure the safety of all concerned, I understand that if my child or teen is in possession of illegal drugs, alcohol, or tobacco products, engages in any illegal conduct or refuses to follow the directions of the Youth staff or volunteers participating in the scheduled activities for 2021-2022, that I will be telephoned immediately to pick up my child. Although minimal, I am aware that some activities or events may involve physical activity where my child may be at risk for physical injury (running outside, ball tag, capture the flag etc.)

I agree to hold First United Methodist Church, Schuylkill Haven, its staff, and volunteers harmless should any such injury occur.

I will ensure that my child or teen will not bring any electronic games or devices except for a cellular phone to Youth Group activities. I will fully support the FUMC Staff and partnering ministries or organizational policies regarding excessive calling or group activities. Boundaries and guidelines of usage will be expected of students and must be supported by parents.

In the event of a medical emergency, I declare that I am the child or teen's parent or legal guardian and hereby appoint the First United Methodist Church youth ministry staff or volunteers, as agents for me, to consent to medical attentions as advised and supervised by professional nurses, doctors or dentists should I be absent or unavailable to make such decisions. This authorization extends to any emergency room admission and treatment as an inpatient, considered necessary by the attending physician. I understand that, in such an emergency, I will be contacted as soon as possible.

Student Name: _____ Date of Birth: ____/____/____ Grade: _____

Address: _____

Parent / Guardian Signature: _____

Parent's Telephone: _____ Cellular: _____

If I am unreachable in an emergency, please contact: _____

Relation to Student: _____

Emergency Telephone: _____ Cellular: _____

Name of Family Doctor: _____ Phone: _____

Medical Insurance Company: _____

Contract / Policy / Group Number: _____

Date of last tetanus immunization: ____/____/____ Has he/she previously had penicillin? _____

Please list any medication to which he/she is allergic: _____

Hope and vision for a new Methodist future



PARENTAL CONSENT FORM

This Parental Consent Form gives permission for my child to participate in an activity sponsored by a local church, cluster, District of the Eastern Pennsylvania Conference of The United Methodist Church. (All portions of this form shall be completed for registration).

Name of child.....Telephone.....
Address.....

I give permission for my child.....to attend and participate in
all youth events.....to be held **2021-2022**
at **FUMC of Schuylkill Haven**

My child has the following physical condition that may require special attention:
() Diabetes () Hyperventilation () Convulsions () Seizures () Allergies
() Other (please specify).....
Does your child require any special accommodations or have special accessibility needs?
Explain.....
(A counselor or youth staff member will contact you to discuss these needs.)

Medical Treatment Release and Liability Release

I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the event and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable in excess of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me.

Name of parent/guardian (Please print).....
Signature of parent/guardian.....Date.....
Telephone: Home.....Office.....
Medical Insurance Carrier.....Group No.....

This form is made available by the Property & Casualty Insurance Committee of the Eastern Pennsylvania Conference of the United Methodist Church and may be copied. Approved by Conference Chancellor and Conference.