



Date: \_\_\_\_\_

## Haymount United Methodist Church Youth Activities Permission Form

Please fill out and return to Marth Jones, Donna Davenport or the church office.

### Participant Information

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Tee-Shirt Size: YS YM YL S M L XL 2X 3X

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Insurance Information

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier's Address: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Policy Holder's Social Security # or Insurance ID#: \_\_\_\_\_

### Parent/Guardian Authorization

I, the undersigned parent/guardian, give permission for the above named to participate in church-sponsored youth events during the school year and adjacent summers. I recognize and acknowledge that youth activities can involve certain hazards, including, but not limited to, illness, injury, and accidents, and release Haymount United Methodist Church from liability. I hereby certify that the information above is correct. IN CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to notify me or the emergency contact person above. If unable to be reached, I hereby give my permission to the chaperone(s) of the activity to contact my physician, or another physician if the above name medical professional is unavailable. I grant permission to that physician to hospitalize, order injections, administer anesthesia, perform surgery, or seek other emergency medical treatment, including ordering x-rays or routine tests, for participant named above. I hereby give permission to the designated medical provider to offer routine healthcare and administer all medications, including non-prescription (over-the-counter) drugs. The following health history is correct and complete to the best of my knowledge. I agree to the release of any records necessary for insurance purposes. This completed form may be photocopied for trips off the church property.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release

I understand that while participating in church-affiliated events, photographs and videos may be taken of me and/or my child. By signing below, I am acknowledging this and agreeing to allow Haymount United Methodist Church to use these photos and/or videos for display and promotion according to all Safe Sanctuary procedures.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Transportation Release

I, the undersigned parent/guardian, give permission for the above named to be transported to and from schedule off-site youth events in the school year and adjacent summers, by a driver approved by Haymount United Methodist Church. I understand that one-on-one driving situations will only be permitted with prior written permission, specific to the given event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant's Covenant

As a participant in Haymount United Methodist Church youth activities, I, the undersigned, will cooperate with the leaders of the program. I will involve myself with church-sponsored youth activities offered. I will not bring any type of weapon(s), or use any form of alcohol, tobacco, or drugs (except for prescribed medical purposes). I will behave as a Christian person. **I understand that I cannot leave a youth activity early without written parental permission and prior communication with the youth leaders.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Information

Participant's Name: \_\_\_\_\_

ALLERGIES: List all known allergies including those involving medication, food, insect, asthma, hay fever and other allergies. Describe reaction and management of reaction.

ALLERGY

REACTION AND MANAGEMENT

ALLERGY	REACTION AND MANAGEMENT
_____	_____
_____	_____
_____	_____

MEDICATION: Please list ALL medications, including over-the-counter or non-prescription drugs, taken routinely. Please bring emergency medications (inhaler, epinephrine, etc.) to all youth activities, and bring routine medications, as needed. **Keep medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and frequency of administration.** Upon arrival for *overnight* events, all medications must be check-in to the designated medical provider.

No medications taken on a routine basis.

Medication taken as follows. Attach additional pages, if necessary.

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Times Taken Each Day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Times Taken Each Day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Times Taken Each Day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

## Health History (Check any that apply):

_____ Epilepsy or seizures	_____ Frequent ear infections	_____ Menstrual Problems	_____ Asthma
_____ Frequent sore throat	_____ Headaches	_____ Bed-wetting	_____ Heart Disease
_____ Back pain or strain	_____ Alcohol/drug addiction	_____ ADD/ADHD	_____ Diabetes

## Special Needs/Restrictions

Explain any restrictions to activity (including necessary adaptations and limitations) and provide any additional information that will enable us to create a healthy, helpful environment for the participant. Please include: recent injuries or illnesses, medical conditions requiring treatment (i.e. surgery, overnight hospital stays, ongoing conditions, etc.), behavioral/learning challenges and suggested disciplines, emotional needs/concerns, hearing or visual impairments, bedtime habits, and any special routines. \_\_\_\_\_

Please list any **dietary** restrictions (other than allergies listed above) with explanation: \_\_\_\_\_

## Vaccination History

Tetanus \_\_\_\_\_ Current Date: \_\_\_\_\_ (unless current, Tetanus shot will be required if injury indicates)

Other required immunizations \_\_\_\_\_ Current

After completing both sides of this Youth Activities Permission Form, please return to Haymount United Methodist Church: 1700 Fort Bragg Road, Fayetteville, NC 28303. Questions? Call or (910) 484-0181 or email Martha Jones at [martha.jones@haymountumc.com](mailto:martha.jones@haymountumc.com).