

## FIRST UNITED METHODIST CHURCH OF WINTER GARDEN

125 N. LAKEVIEW AVENUE, WINTER GARDEN, FLORIDA 34787 PHONE: (407) 656-1135 FAX: (407) 656-5690

## PARENTAL PERMISSION AND EMERGENCY CONTACT FORM

| YOUTH INFORMATION                                 |                      |                  |  |
|---|----------------------|------------------|--|
| YOUTH NAME:                                       | EIDCT                | MIDDLE           |  |
|   |                      |                  |  |
|   |                      | GRADE IN SCHOOL: |  |
| ADDRESS:  |                      |                  |  |
|   | STATE:ZIP CODE:      |                  |  |
| HOME PHONE:                                       | YOUTH EMAIL ADDRESS: |                  |  |
| PARENT'S INFORMATION                              |                      |                  |  |
| FATHER'S NAME:                                    |                      |                  |  |
| FATHER'S EMPLOYMENT:                              |                      | PHONE:           |  |
| MOTHER'S NAME:                                    |                      |                  |  |
| MOTHER'S EMPLOYMENT:                              |                      | PHONE:           |  |
| ADDITIONAL EMERGENCY PHONE NUMBERS FOR PARENT(S): |                      |                  |  |
|   |                      |                  |  |
| EMERGENCY CONTACT INFORMATION                     |                      |                  |  |
| EMERGENCY CONTACT NAME (other than parent):       |                      |                  |  |
| EMERGENCY CONTACT PHONE NUMBER:                   |                      |                  |  |
| DOCTOR /UEALTH INCHRANCE /MERT                    |                      | <b>.</b>         |  |
| DOCTOR/HEALTH INSURANCE/MEDIO                     |                      |                  |  |
|   |                      | 1BER:            |  |
| HEALTH INSURANCE COMPANY NAME:                    |                      |                  |  |
| NAME OF POLICY HOLDER:                            |                      |                  |  |
| HEALTH INSURANCE POLICY NUMBER:                   |                      |                  |  |
| CURRENT MEDICATIONS:                              |                      |                  |  |
| ALLERGIES:  |                      |                  |  |
| ADDITIONAL MEDICAL INFORMATION:                   |                      |                  |  |
|   |                      |                  |  |

| YOUTH MEMBER'S NAME:   |  |
|--|--|
| PERMISSION AND RELEASE AGREEMENT   |  |
| I/WE,, GRANT PERM PARTICIPATE IN ALL ACTIVITIES OF THE FIRST UNITED METHODIST YOUTH FELLOWSHIP PROGRAM. I ALSO GRAN ACTIVITIES AS NECESSARY IN CHURCH-SPONSORED VEHICL (DRIVERS TO BE A MINIMUM OF 18 YEARS OF AGE). I HAVE CHILD, AND HE/SHE AGREES TO RIDE ONLY IN VEHICLES OF A | METHODIST CHURCH OF WINTER GARDEN UNITED<br>NT PERMISSION FOR MY CHILD/YOUTH TO RIDE TO<br>ES APPROVED BY A MEMBER OF THE CHURCH STAFF<br>/E REVIEWED THIS TRANSPORTATION RULE WITH MY |
| AS PARENT OR LEGAL GUARDIAN OF THE ABOVE MINIOR, I/INCLUDING DIAGNOSIS AND TREATMENT, TO BE RENDERS SURGEON, OR BY ANY LICENSED HOSPITAL, WHEN ACCOMPAUNDERSTANDING THAT WE WILL BE NOTIFIED AS QUIC RESPONSIBILITY FOR SUCH CARE, INCLUDING PRESCRIBED ME                         | ED TO HIM/HER BY ANY LISCENSED PHYSICIAN OR<br>ANIED BY ANY ADULT LEADER OF THE ABOVE GROUP,<br>CKLY AS POSSIBLE. WE ASSUME FULL FINANCIAL   |
| I UNDERSTAND THAT TRIPS AND ACTIVITIES WILL INVOLVE SAFETY, AND THAT MY CHILD WILL BE EXPECTED TO OBEY FOR ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE FIRST ITS REPRESENTATIVES FROM ANY ALL AND CLAIMS OR LIABING MINOR'S PARTICIPATION IN TRIPS AND ACTIVITIES AS STATED      | RULES SET BY GROUP LEADERS TO ENSURE SAFETY. I<br>UNITED METHODIST CHURCH OF WINTER GARDEN AND<br>LITIES WHICH MAY RESULT FROM THE ABOVE NAMED   |
| I ALSO AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY METHODIST CHURCH OF WINTER GARDEN MAY INCUR AS A ACTIVITY OR TRIP (I.E. VANDALISM, THEFT, ILLEGAL ACTS, ET  | RESULT OF MY CHILD'S PARTICIPATION IN ANY GIVEN  |
| PARENT/GUARDIAN SIGNATURE  |  |
| NOTARY   |  |
| DATE:COUNTY:   | STATE:   |
| GOVERNMENT ISSUED ID AND NUMBER:   |  |
| KNOWN PERSONALLY TO ME   |  |
| NOTARY SIGNATURE:  |  |
|  |  |
| SEAL/STAMP:  |  |