

Permission and Medical Release form for Oak Ridge Methodist Youth 2025

Participant: _____ Parent(s): _____

Address (Mailing & Street): _____

City/State/Zip: _____

Parent Phone: _____ Student Phone: _____ Birthdate: _____

Emergency Contact (Someone not living at the residence stated above but is a Relative/Neighbor/Friend):

Name: _____ Phone: _____

Participant's Physician/Address/Phone: _____

Are there any allergies (food or medications) or Medical Conditions we should be aware of?

Yes

No

If yes, please explain:

Does your child take any prescribed medications on a regular basis?

Yes

No

If yes, please list medication/dosage/frequency

I give the Ridge Student Ministry permission to use all photos and video of my child taken during participation in church, district, or conference related events for the purposes of advertisement and promotion for The Ridge Student Ministry, Oak Ridge MC, and its programming.

Yes

No

I give Ridge Adult Leaders permission to contact my student(s) via phone call or text message outside of normal Ridge Youth communication avenues. (examples of reasons: At a retreat or event, part of a small group, to check in, to give details on upcoming commitments/events)

Yes

No

My child _____ has permission to attend activities with the ORMC Ridge Student Ministry. In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that neither I, nor the Emergency Contact listed above, can be contacted, I hereby give permission to any and all church appointed chaperones to select a physician, if the above mentioned physician is unattainable, to hospitalize, to secure proper medical tests and or treatment for, and to order injection, anesthesia, or surgery for my child listed above.

I release the following from any liability in the event of an accident en route to, during, and/or returning from off-site locations and the church, both work and recreational related: all adult leaders, chaperones, and staff member of Oak Ridge MC.

Signature of Parent/Guardian: _____ Date: _____

Family Insurance Information

Company Name: _____

Policy Number: _____

Policy Holder: _____