

## First UMC Alexandria Youth Permission Form

Must be completed by all parents/guardians of youth participating in First United Methodist Church of Alexandria, LA activities.

Full name of Youth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Full name of Parent/Guardian #1: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Full name of Parent/Guardian #2: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Emergency Contact #1 (name, relationship, cell  
phone): \_\_\_\_\_

Emergency Contact #2 (name, relationship, cell  
phone): \_\_\_\_\_

## MEDICAL INFORMATION

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Relevant Health Concerns (check all that apply):

Asthma     Diabetes Type 1     Diabetes Type 2     Heart Concerns

Mental Health Concerns: \_\_\_\_\_  Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

• \_\_\_\_ (please initial) **YES, I agree to allow those staff and volunteers from FUMCA to act for my child on my behalf during church events if a medical emergency occurs and I cannot be physically present in a timely manner.**

\_\_\_\_ (please initial) **NO, I do not allow those staff and volunteers from FUMCA to act for my child on my behalf during church events if a medical emergency occurs and I cannot be physically present in a timely manner.**

• \_\_\_\_ (please initial) **YES, I agree to allow those staff and volunteers from FUMCA to administer over-the-counter medications (such as acetaminophen, ibuprofen, Benadryl/Claritin/etc., eye and ear drops, topical first aid wound antiseptic cleansers and creams, Pepto Bismol, topical anti-itch relief, etc.) to my child as their chaperone should the need arise during a church event or trip.**

\_\_\_\_ (please initial) **NO, I do not allow those staff and volunteers from FUMCA to administer over-the-counter medications to my child.**

## TRANSPORTATION

Please note that youth in grades 7-12 will have outings to local eateries, places of service, and local businesses. This permission slip grants FUMCA staff and volunteers permission to transport your child in a vehicle during these scheduled events. See calendar of events for dates.

FUMCA requires that any person driving on an “official” church function must be at least 25 years of age or older. All drivers and passengers (*all* youth) MUST comply with seatbelt laws at all times during transportation.

- \_\_\_\_ (please initial) **YES, I hereby give and grant permission for my child to ride with a FUMCA designated driver (staff or volunteer) during church events.**
- \_\_\_\_ (please initial) **NO, I do not grant permission for my child to ride with a FUMCA designated driver (staff or volunteer) during church events.**

## INDIVIDUAL YOUTH COMMUNICATIONS

Please mark only one of the following youth communication preferences:

\_\_\_\_ **YES, I grant permission for my youth to receive contact individually via text or BAND messaging app communications by staff or volunteers as in compliance with the “Safe Sanctuary” policy of FUMCA.**

\_\_\_\_ **YES, I grant permission for my youth to receive contact individually via text or BAND messaging app communications by staff or volunteers as in compliance with the “Safe Sanctuary” policy of FUMCA, *however I request that I be copied on all individual text or BAND messaging app messages with my child.***

\_\_\_\_ **NO, I do not grant permission for my youth to receive contact individually via text or BAND messaging app communications staff or volunteers of FUMCA.**

## PHOTOGRAPHY AND VIDEOGRAPHY

- \_\_\_\_ (please initial) **YES, I hereby give and grant to FUMCA the right to use my child’s name and/or the right to photograph or video my child for church purposes during church events.**
- \_\_\_\_ (please initial) **NO, FUMCA does not have permission to photograph my child.**

## **AUTHORIZATION**

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events and participate in all activities and programs being organized by FUMCA, which may involve either travelling in rental vans or private vehicles. I/We understand that there are inherent risks involved in any ministry or athletic event, program, or activity, and I/we understand that although some risks (such as injury, illness, or vehicular incidents) are unavoidable all reasonable precautions will be taken by FUMCA staff/volunteers to minimize such risks. I/We hereby release FUMCA, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

I/We agree to drop off or pick up the student named above at the scheduled start and conclusion of each event in which they participate and I/We release FUMCA from any liability should the student ride home with another parent or youth. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treatment is required from a physician and/or hospital personnel designated by FUMCA, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth minister and/or youth ministry team.

I have legal authority to sign this permission, release, and consent to medical treatment. I will keep informed of the church sponsored activities for my child. If I do not want my child

to accompany the group or participate in any specific church sponsored activity, I will take sole responsibility to see that my child does not attend or participate in the activity.

This authorization shall be effective continuously from the date hereof until cancelled by written notice by FUMCA or by me, as the parent. Please note that it is the responsibility of each parent, guardian, or managing conservator to update this information as the need arises.

**AUTHORIZATION SIGNATURE**

- \_\_\_\_\_ (please initial) **I have access to or have received a copy of the “Safe Sanctuary” policy of FUMCA. This policy is always available at: <https://firstchurchalex.com/childrens-ministry>**

**Print Name of Parent(s)/Guardian(s):**

\_\_\_\_\_

**Signature of Parent(s)/Guardian(s):**

\_\_\_\_\_

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

Sign and date each year to certify that all information is still correct.

Complete a new form if any information has changed.

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