



Wilmore UMC Youth Medical Release and Permission Form

Effective dates: August 23, 2015 to September 30, 2016

Please print in ink

<u>Student's Name</u>	<u>Birthday</u>	<u>Grade</u>	<u>Student's Name</u>	<u>Birthday</u>	<u>Grade</u>
1. _____	_____	_____	3. _____	_____	_____
2. _____	_____	_____	4. _____	_____	_____

Mailing Address: _____

Communication Preferences

We communicate Youth Ministry news in 3 different places:

E-mail:

This is the primary way that we communicate. While we include all the critical information everywhere we communicate, e-mail allows us to tell you a bit more.

Facebook:

We have a private Wilmore UMC Youth Facebook Group. Here we post pictures and send out event reminders.

Remind App/Texting:

As our newest way of communicating, Remind allows us to send quick reminders about youth ministry events. You decide whether you want to receive them by text, e-mail, or through the Remind App on your Android or iPhone. You can sign-up for an invite below, or text @wilmore to 31010 or e-mail wilmore@mail.remind.com.

Fill in your contact information and select the boxes to indicate how you would like to receive youth ministry news.

***Note: Even if you do not want to receive regular youth ministry updates, please fill in the all contact information so that we can reach you if necessary.**

	Name	E-mail Address	Cell #	Add me to... (check all that apply)			
				E-mail List	Facebook Group	Remind Text	Remind E-mail
Student 1:							
Student 2:							
Student 3:							
Student 4:							
Parent 1:							
Parent 2:							
Parent 3:							
Parent 4:							

If you student is on a student-leadership team, talk to Chris Childs about how you can sign-up to receive information specific to that team.



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Anticipated Student Participation

Which activities do you anticipate your student will participate in this year?

(Checking a box does make a hard-and-fast commitment. It just helps us to plan for the year.)

Student's Name	Sunday School (Sun. 9:45-10:45)	Student-Leadership Team (various Sundays 4:00-5:30)	SNL (Sun. 5:30-7:30)	Wed. Covenant Group 6:30-8:00	Covenant Group on another day of the week	Fund-raisers	Rise of Fall Retreat (Nov. 14-15)	Winter Blitz (Jan. 29-31)

How can you help?

Youth Ministry is a partnership. It takes all of us.

Write your first name next to *all* the service opportunities you are interested in hearing more about. We promise, we won't ask you to do everything. Writing your name just starts the conversation.)

Serve on Occasion:

- _____ Provide Transportation for Youth Events
- _____ Host an event at my home or other property
- _____ Chaperone a Youth Event

Join a Rotation:

- _____ Provide Breakfast for Sunday School
- _____ Provide Snack for SNL
- _____ Teach Sunday School (Be there each week but rotate who is teaching.)

Serve Behind the Scenes:

- _____ Help maintain our regular communications through Facebook and Remind.
- _____ Administrative: Format the weekly SNL Small Group Guide, Help with mailings, etc. (Requires skills with Microsoft Word, Pages, or a similar program.)

Serve on a Team

- _____ Fundraising Champions (Brainstorm, Plan, Organize, and Carry Out Fundraisers)
- _____ Discipleship Champions (Incorporate Spiritual Disciplines into our Youth Ministry.)
- _____ Missions Champions (Integrate Missions opportunities into our Youth Ministry.)

Lead a Weekly Small Group

- _____ Co-Lead a SNL Discussion Group (Shares Prayer Requests & Discusses the Night's Topic)
- _____ Co-Lead a Wednesday Covenant Group (Prays, Serves, Encourages, and Challenges one another)
- _____ Co-Lead a Covenant Group at another time/day

Coach a Team

- _____ Rec. Team (Plans fun events that build community)
- _____ Drama Team (Writes and Performs dramas for SNL, Youth Events, and Sunday Worship)
- _____ Praise Team (Leads the youth group in praising God at SNL)
- _____ Worship Design Team (Creates an environment for worship through videos, lyric-projection, and creative forms of worship)



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Medical History

Emergency Contact's Name: _____ Cell Phone #: _____ Home #: _____

Medical Insurance Company: _____ Policy # _____

Physician _____ Office phone _____

Describe all medical information we or medical personnel need to know about your student in planning events and in cases of an emergency. Use an additional sheet if necessary. (Include allergies to food & medication, medical conditions, etc.)



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Permission, Medical Consent, Liability, and Photo Release

I/We the undersigned have legal custody of the following minor students: _____

and give our consent for him/her to attend events being organized by the Wilmore United Methodist Church, hereafter called "the Church". I/We understand that there are inherent risks involved in any ministry or athletic events, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, disease, or damage to person or property that may occur during the course of my/our child's involvement.

Transportation

I/We give permission for adults approved by the Church to transport our student during youth events. I/We understand that I/we will receive notification about youth events using the contact information I/we provide on page 1 of this form and it is my/our responsibility to stay informed regarding youth events sponsored by the Church. If there is an event that I/we do not want my/our student to attend or if I/we do not want my student to be transported during a specific event, I/we will contact the youth leader in writing.

Medical Release

In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment and/or injection, anesthesia, or surgery as deemed necessary by a licensed physician or dentist. In the event treatment is required from a physician and/or hospital personnel designated by the Church, 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.

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 ministries staff member.

Photo Release

I/we also give my/our permission for photos of my/our child to be published online, on social media, and in other electronic or physical mediums used by the Church unless I/we have checked the appropriate box below. I/we understand that photos published on social media may be tagged with my child's name.

Non-Prescription Medication Release

With the exception of _____, I/we also give my/our permission for the Church staff and volunteers to give non-prescription medications to my/our child including but not limited to Pain Reliever (acetaminophen, ibuprofen, etc.), Itch Relief, Stomach Remedies (Tums, etc.), First Aid (antibiotic cream), sunscreen, and insect repellent containing DEET unless I/we check the appropriate box below.

Parent/guardian(s) name(s) (please print): _____

Parent/guardian(s) signature: _____ Date: _____

I/We **DO NOT** give my/our permission for photos of my child to be published to social media. *(I/We understand that this only applies to photos published by the Church. Individuals may take photos during youth ministry events and publish those photos without the Church's permission.)*

I/We **DO NOT** give my/our permission for the Church staff and volunteers to give my child non-prescription medication except those listed here or the generic version thereof: _____
