

**BLUE SPRINGS FIRST UNITED METHODIST CHURCH
YOUTH DEPARTMENT ACTIVITY PERMISSION SLIP
AND MEDICAL TREATMENT RELEASE**

By (my/our) signature(s), I/we _____ the parent(s) or guardian(s) of grant (my/our) permission for (him/her) to participate in any activities or trips sponsored by the youth department of Blue Springs First United Methodist Church herein referred to as (BS FUMC). This authorization shall last for a period of one year from this date and authorizes the following:

- 1) (I/We) hereby authorize any approved and authorized youth leader and or adult sponsor from BS FUMC to obtain and authorize any emergency or non-emergency medical treatment for (my/our) above-named child in (my/our) place and stead. A list of authorized youth workers and sponsors is available from the Church office during regular office hours.

Should immediate emergency medical treatment be needed, (I/we) understand that (my/our) above-named child will be transported to the nearest appropriate medical facility. (I/We) agree to accept full financial responsibility for said treatment and the cost thereof regardless on insurance coverage. (I/We) understand that (I/we) will be notified of said injury or illness as soon as practically feasible.

If non-emergency professional medical treatment is required and (I/we) (am/are) not available to designate a preferred treatment facility, youth leaders will transport and obtain treatment at the nearest facility or at a preferred treatment facility (I/we) have previously designated. (I/We) understand it is (my/our) responsibility to inform the youth director of any change of preferred treatment facility or insurance coverage. (I/We) agree to accept full financial responsibility for said treatment and the cost thereof regardless of insurance coverage. (I/We) understand that (I/we) will be notified of said injury or illness as soon as practically feasible.

Should non-emergency non-professional medical treatment be required, (I/we) authorize an authorized youth leader and or adult sponsor for BS FUMC to perform minor first aid and administer and dispense over-the-counter medications including but not limited to pain relief medication, gastrointestinal disturbance medications to my above-named child with the exception of _____

- 2) I hereby release, absolve, indemnify and hold harmless any authorized youth leader, adult sponsor or parent driver from BS FUMC and Blue Springs First United Methodist Church from all claims that might result from an injury or death of my above-named child in the transportation to and from sponsored events, administration of medical treatment or lack thereof unless said injury or death was the result of gross negligence.
- 3) I understand this release may be revoked at anytime by written notification of said revocation of the youth director.

Signature _____

Date _____

Last Name: _____ Date of Release: _____

YOUTH INFORMATION SHEET

Legal Name: _____ Goes by: _____

Date of Birth: _____ Sex: M F SSN: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail address _____

Youth resides with (circle all that apply): Mother Father Other _____

Custody arrangements or issues youth director should be aware of: _____

School District: _____ School Attended: _____

Allergies, Medical or Behavioral Problems: _____

Mother's Name: _____ Employer: _____

Home Phone: _____ Work #: _____ Cell/Pager: _____

SSN: _____ E-mail: _____

Father's Name: _____ Employer: _____

Home Phone: _____ Work #: _____ Cell/Pager: _____

SSN: _____ E-mail: _____

Medical Insurance Co: _____ Policy # _____

Policy holder: Mother Father Group #: _____

Preferred Hospital: _____ Doctor: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____