

Pleasant Hill United Methodist Church Youth Ministries
Parental Consent, Medical and Liability Release Form

Name of Student _____ Date of Birth _____
Address _____ City _____ Zip _____
School _____ Grade _____
Sports and/or Extra Curriculars _____
Student's Email _____ Student's Cell _____
Home Phone _____ Parent's Names _____
Mom's Cell _____ Dad's Cell _____
Mom's Work # _____ Dad's Work # _____
Mom's Email _____ Dad's Email _____

Functions and Activities

I give permission for the above student to attend and participate in activities, programs, and trips sponsored by Pleasant Hill United Methodist Church from August 2019 through July 2026 (unless otherwise noted in a separate permission form). Prior to my participation or the participation of the student, I acknowledge that there are certain risks associated with these activities, including by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this parental consent and liability form, I expressly warrant that this student named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the student or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred while participating in these activities. This release of liability is also intended to cover all claims that members of the student's or my family estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation or as a result of injury or illness of my student that occurs while participating in the above described activities, programs, and trips from August 2019 through July 2026.

Permission to Use Photos, send E-Mails or Text Messages

I give permission for the church, whether that being ministers, staff, leadership and/or volunteers to use photos of the child in church publications such as church newsletters, website, or social media sites (Facebook, Instagram, etc). I also give permission for the church to contact my child via email and/or text messages as a means of communication other than just phone calls. I furthermore understand that the church will not use these means in an inappropriate way.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student listed above may be in need of first aid or emergency medical treatment as a result of injury, accident, illness, or other health condition. I authorize an adult, in whose care the student has been entrusted, to consent to any x-ray, examination, anesthetic, medical, surgical, or dental diagnosis, or treatment, and hospital care, to be rendered by the medical staff of a licensed hospital, where such diagnosis or treatment is rendered at the office of said physician or at said hospital. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment

Emergency Contact

Name _____ Relationship _____
Cell # _____ Work # _____
Medical Doctor _____ Office # _____



Medical History

Include special medical needs or concerns such as asthma, allergies to medicines/foods/animals, health conditions, relevant past surgeries, dietary needs, etc that youth leaders should be aware of

Medications

Include all medicines your student has permission to take at a regular youth group meetings or overnight retreat. All medicines must be labeled containers and students are not allowed to share with other students

Other Information

Include any additional information the youth leaders should know about your student

If Participant is a Minor

I represent that I am the parent/guardian of the student listed above, who is under 18 years of age. I have read the above Consent and Waiver Form and am fully familiar with the contents thereof. I give permission for my student named above to participate in the activities of this church as described above. I hereby consent to the Permission and Waiver Form, including the release of Liability above, on behalf of my student, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my child breaks the covenant, he/she is subject to be sent home at my expense.

I also realize that some youth events involve water related activities. I acknowledge that my student is a good swimmer and can handle swimming in areas such as but not limited to the ocean, lake, or pool. If my child is not a good swimmer, I will make note of that in the "other information" category above.

Signature of Parent/Legal Guardian _____ Date: _____

Youth Covenant of Conduct

Along with the leaders and other youth, I agree to conduct myself in a manner that shows Christ to all I come into contact with. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me personally responsible to these things and the consequences thereof. I agree to participate in these activities of the church; my participation in church activities depends on my support of this agreement. By signing this covenant, I understand that I am subject to be sent home and am responsible for any legal consequences if I partake in any of the following activities: possession of illegal drugs, non-prescribed medications, alcohol, tobacco products, e-cigarettes, vape pens, weapons, disrespect of authority, or any other activity deemed inappropriate by adult leaders or the Director of Student Ministries.

I covenant to strive to make each activity/trip/retreat the best that it can be, participate fully, and seek to find a deeper relationship with Christ as well as my peers and leaders.

Student Signature _____ Date _____

All information on this form may be shared with Youth Workers on trips so we can care for the needs of your student

If you would prefer this information not to be shared with other Youth Workers, please let Zack Mainous know at 864-347-5006

Please Attach a copy of your Health Insurance Card

