



# FIRST UNITED METHODIST CHURCH

420 Saylor Street | Schuylkill Haven PA 17972

Phone | 570.385.3941

## 2019-2020 Youth & Family Ministries Blanket Permission & Release Form

This Permission, Release, Emergency Contact and Health Form shall be valid from September 1, 2019 to August 31, 2020, and will only need to be filled out and submitted one time for the 2019-2020 school year.

**I understand that** the *First United Methodist Church* of Schuylkill Haven, its staff and volunteers, are committed to providing safe, fun, and educational activities, and that all activities are conducted in a smoke, alcohol, and drug-free environment. In light of this, and to help ensure the safety of all concerned, I understand that if my child or teen is in possession of drugs, alcohol or tobacco products, engages in any illegal conduct, or refuses to follow the directions of the youth staff or volunteers while participating in the scheduled activities for 2019-2020, that I will be telephoned immediately to pick up my child. Although the risk is minimal, I am aware that some activities or events may involve physical activity where my child may be at risk of injury. I agree to hold *First United Methodist Church* of Schuylkill Haven, its staff and volunteers harmless should any such injury occur.

I will ensure that my child or teen will not bring any electronic games or devices, with the exception of a cellular phone. I will fully support the FUMC Staff and partnering ministries or organizational policies in regard to excessive calling or texting during group activities. Boundaries and guidelines of usage will be expected of students and must be supported by parents.

**In the event of a medical emergency**, I declare that I am the child or teen's parent or legal guardian and hereby authorize the youth ministry staff or volunteers, as agents for me, to consent to medical attention as advised and supervised by a physician or dentist should I be absent or unavailable to make such decisions. This authorization extends to any emergency room treatment, and admission and treatment as an inpatient, considered necessary by the attending physician. I understand that, in the event of such an emergency, I will be contacted as soon as possible.

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / PO Box City State Zip

Parent / Guardian Signature: \_\_\_\_\_

Parent's Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

If I am unreachable in an emergency, please contact: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contract / Policy / Group Number: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Has he/she previously had penicillin? \_\_\_\_\_

Please list any medication to which he/she is allergic: \_\_\_\_\_

Comments: \_\_\_\_\_

**Please forward any questions, comments, or concerns to the FUMC Church Office at 570.385.3941. There will be a contact number provided to you on an activity-by-activity basis if there is an emergency while your child/teen is on a trip and you must contact him/her.**