

**Children & Youth Ministries of Avon UMC Permission Slip and Medical Treatment**

I give permission for my child to accompany Echo Youth Group (includes IGGY) on 2019-2020 Echo Youth Trips & Events/Programs

My child may ride in the church van or bus: \_\_\_\_\_yes \_\_\_\_\_no

My child may ride in the youth pastor's or a chaperone's personal vehicle: \_\_\_\_\_yes \_\_\_\_\_no

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

Telephone #: \_\_\_\_\_

Emergency telephone #: \_\_\_\_\_

Medical Information (to be completed by Parent/Legal Guardian:

Child's birth date: \_\_\_\_\_

Family doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Is your child allergic to foods or medicine? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain: \_\_\_\_\_

Your health insurance company: \_\_\_\_\_

Insurance company claim's address: \_\_\_\_\_

Member's name/Identification #: \_\_\_\_\_

Benefit Code/Account #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Any other health issues/allergies AUMC should be aware of? \_\_\_\_\_

When was the date of your child's last tetanus shot? \_\_\_\_\_

**MEDICAL AND LIABILITY RELEASE (Please read carefully and print appropriate answers in blanks. This must be signed and dated by parent/legal guardian.)**

I, the legal custodial parent or legal guardian of \_\_\_\_\_ who desires to voluntarily participate in the event planned with AUMC assumes all responsibility for any accidents or other mishaps, including, but not limited to, seriously bodily injury, permanent disability, and/or death with respect to my child, and I hereby waive my right and my child's right to any claim, cause of action and/or the right to file a law suit, and further release Avon United Methodist Church, its employees, agents and volunteers of each entity from any and all responsibility or liability of any nature whatsoever for any loss or damage to my child's property or person, including personal injury and/or death sustained during the above described trip.

This instrument shall be binding upon the relatives, personal representatives, heirs, beneficiaries, next of kin or assigns of the above-named child and shall inure to the benefit of the organization named as well as their directors, officers, sponsors, employees, agents, volunteers, successors and assigns.

I have carefully read this Medical and Liability Release and by my signature, I am stating that I understand and accept all of its provisions, and understand that I am giving away substantial legal rights for both myself and my child and have the appropriate authority to execute this release.

I also give permission to the Leader of AUMC and/or volunteer sponsor of the above trip to order X-rays, routine tests and treatment for my child if I cannot be reached in an emergency. I further give permission to hospitalize, secure treatment, and order injections, medicine or surgery for my child named above during the above trip. I hereby accept liability for all treatment set forth in this paragraph and release AUMC and its leaders/volunteers from any liability of payment.

Parent/Guardian's signature: \_\_\_\_\_

Email address: \_\_\_\_\_

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