

Janesville Asbury United Methodist Church, Janesville, Wisconsin
Permission/Medical Release Form
Youth Program – 12th Grade and Younger

Participant(s) Child #1: _____ **Child#2:** _____ **Child#3:** _____
E-mail Addresses Home: _____ **Work:** _____
Home Address(es): _____
Phone Numbers: (cell) _____ **(home)** _____ **(work)** _____
Activity: JAUMC School Year September 1, 2008 through August 31, 2009

This form is to ensure informed parental consent for activity or activities sponsored by Janesville Asbury United Methodist Church (JAUMC). It also provides consent for treatment of minors who become ill or injured in the course of the activity or activities if a parent or guardian cannot be reached to give consent. We will make every effort to contact the parent(s) or guardian(s) named below.

Emergency Contact Information:

Name: _____
Relationship to Participant: _____
Daytime Phone: _____ Evening Phone: _____
Other Phone: _____
Address: _____

Insurance Information:

Insurance Company Name: _____
Full Name of Insured Cardholder (generally a parent): _____
Birth Date of Insured Cardholder (generally a parent): _____
Policy I.D. Number: _____ Group I.D. Number: _____
Customer Service Phone Number on back of Card: _____

***Please have a copy of your health insurance card on file at JAUMC. Check Here:**

I, the undersigned parent or guardian, do hereby give my permission for my child(ren), _____ to participate in the above named activity or activities. In order for my child(ren) to receive necessary medical treatment from medical staff and/or physicians in medical clinic or hospital in case of illness or injury, I hereby authorize the activity leaders to obtain and consent to medical treatment for such illness or injury during the above specified activity or activities. I hereby release and discharge activity leaders, Janesville Asbury United Methodist Church, and its designated leadership and employees from any and all debts or suits of any kind which may arise or be occasioned as a result of my child's participation in this activity or activities. I understand and acknowledge that by participating in this activity, there is the possibility of illness or injury and that my child(ren) is assuming the risk for such illness or injury by her/his participation. I realize that I am ultimately responsible for paying any medical bills.

Signature of Parent/Guardian
Date: _____

Signature of Participant
Date: _____ **(OVER)**

Health History:	Child #1	Child #2	Child#3
Name:			
Allergies/special health concern/needs:			
Medication(s) you can <u>NOT</u> take:			
Medication(s) being taken: (please list prescription & over the counter medications)			
Special Dietary Needs:			
Any Medical History that needs to be noted:			
1. Changes in medical condition: Please note date:			
2. Changes in medical condition: Please note date:			
3. Changes in medical condition: Please note date:			
4. Changes in medical condition: Please note date:			
5. Changes in medical condition: Please note date:			

Participation Permission Off Campus Update Chart Below:

I, the undersigned parent or guardian, do hereby give my permission for my child(ren), to participate in the below specific named activity or activities. (Please sign by the X.)

1. Name(s):	Child #1:	Child #2:	Child #3:
Activity:			
Signature of Parent/Guardian:	X	X	X
Signature of Participant(s):	X	X	X
Date(s):			
2. Name(s):	Child #1:	Child #2:	Child #3:
Activity:			
Signature of Parent/Guardian:	X	X	X
Signature of Participant(s):	X	X	X
Date(s):			
3. Name(s):	Child #1:	Child #2:	Child #3:
Activity:			
Signature of Parent/Guardian:	X	X	X
Signature of Participant(s):	X	X	X
Date(s):			
4. Name(s):	Child #1:	Child #2:	Child #3:
Activity:			
Signature of Parent/Guardian:	X	X	X
Signature of Participant(s):	X	X	X
Date(s):			
5. Name(s):	Child #1:	Child #2:	Child #3:
Activity:			
Signature of Parent/Guardian:	X	X	X
Signature of Participant(s):	X	X	X
Date(s):			

Permission To Transport Youth With One Adult In The Vehicle:

I, the undersigned parent or guardian, do hereby give my permission for my child(ren), to be transported to and/or from (specific youth event listed above) by JAUMC designated leadership and employees.

Date: _____ Re-date & Resign as Needed: _____

 Signature of Parent/Guardian

Asbury UMC Youth Program Participant Behavior Covenant:
(*To be signed by both youth and adult participants.)

As representatives of Christ and the Church, we, the participants in the Janesville Asbury United Methodist Church Youth Program, take seriously our responsibility to care for one another. This covenant represents our affirmation of our concern for the wellbeing of the total community. We covenant with each other to insure the safety of all, to make our time together most meaningful, and to care for the facility which we share.

In addition to our general concern for our community, we agree specifically to:

- ✓ Leave vehicles parked and unoccupied.
- ✓ Remain on the program site unless having been given permission to leave.
- ✓ Attend all activities including meals.
- ✓ On overnight activities, observe scheduled curfew by being in rooms, quiet, and not disturbing other. Never enter the room of someone of the other gender.
- ✓ Not use tobacco products.
- ✓ Not bring animals, weapons, illegal substances, explosives, fireworks, alcohol, or dangerous materials.
- ✓ Respect the person, equipment, and property of other. (This should be considered when considering practical jokes, water fights, use of shaving cream, etc. Do no harm to other.)
- ✓ We will use language, behavior, and attitudes, which are consistent with the Christian faith.
- ✓ We agree to participate in every program session and small group meeting.

This covenant is made between each person and the whole group. I agree to follow all of the above because I desire to represent Jesus in a positive manner at all times.

Participant Signature

Parent/Guardian Signature

Date