PERMISSION / MEDICAL RELEASE FORM

Rehobeth UMC; PO Box 356, Terrell, NC 28682
828.478.2518 (office) / 828.478.3952 (fax)

Pastor: Dr. Robert L. Kerr Youth Director: Benjamin Wallace

EVERY youth AND adult attending event must have one of these forms completed and signed. Church group leader should have access to all forms for group during the weekend in case of emergency. Review the information in the behavior statement with your youth. Please type or print legibly. Youth under the age of 18 must also have permission portion at the bottom signed.

Please complete and attach a copy of your insurance card.

Date of Event: _____ Name of Event: _____
Month Day(s) Year

Check/Complete appropriate boxes: ❒ Male ❒ Female ❒ Youth: Age _____ ❒ Adult

Insurance Company: _____ Policy No.: _____

Name of Person on Policy: _____ Relationship: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone Numbers _____ Cell Phone # _____

Known Allergies? _____ Limitations? _____

Please list all medications currently using or may take:_____

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BEHAVIOR STATEMENT: I understand that this event is for the Christian nurture and growth of every individual in attendance, and all instructions given by staff or adult chaperones are for the safety and benefit of all present. I will not use any tobacco or alcohol or illegal drugs. I will not bring weapons of any sort because I realize they are in violation of the Church. I will attend all sessions of the event with my group. I will show respect for all in attendance, in particular those in leadership positions. I will wear clothing appropriate for a Christian event. I will show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better! I will observe the curfew set by my leaders. I recognize that willful failure to comply with instructions can cause serious problems and, upon consultation with counselors and staff, may result in immediate contact of parents to make arrangements to be returned home at parent's own expense.

I have read the above paragraph and I agree to be responsible for my behavior in accordance with the guidelines stated above. My parents and I understand violation of the guidelines may result in my being sent home.

Signature of youth _____

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PERMISSION FOR MINORS: I hereby give permission for my child _____ to attend the above named youth event and participate fully in activities.

EMERGENCY MEDICAL CARE: In the event that my child (listed above) suffers any illness or accident requiring emergency hospitalization while at this event, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests, and treatment for the health of the above named. I realize that every effort will be made to contact me and/or the contact person above in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize / secure proper treatment for / order injection or anesthesia for the above named. I will not hold Rehobeth United Methodist Church responsible in the event of accident, loss or death.

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Sign here for **adult participant**, or **parent/guardian** of minor please sign here.