

2019-2020 Haymarket Church YOUTH
Permission/Medical Release Form

Student Contact Information

Student Name _____ Age _____ Birthday _____

Address _____

City/State/Zip _____

Student's School _____ Grade _____

Student Cell Phone Number _____

Student Cell Phone Carrier (AT&T, Verizon, etc.)* _____

May we contact your student via text message and/or social media? Yes No

In order for your student to participate in the group text alert about Youth Group events, we must have permission to text **as well as the student's phone carrier.*

Photo Permission

May we photograph your student for the purpose of promoting the ministries of Haymarket Church in print and online? Yes No

Medical Information

Is your student currently taking medicine or treatment? Yes No

If yes, please explain _____

Has your student been restricted from sports or swimming for any reason? Yes No

If yes, please explain _____

Date of your student's last Tetanus Immunization: Month _____ Year _____

Does your student have:

- Sinus Trouble
- Heart Trouble
- Epilepsy
- Asthma (Inhaler)
- Diabetes

Allergies: Please list ANY allergies your student has:

- Does your student carry an EpiPen? _____
- Foods: _____
 - Medications: _____
 - Bee Sting Insect Bite
 - Other (Please list) _____

Other Medical Needs: _____

At Youth Group we eat dinner each week and occasionally have activities or events involving food.

Does your student have any dietary needs we need to be aware of? Yes No

If yes, please explain _____

Form continues on reverse side.

Parent/Guardian Information

Parent/Guardian Name _____

Parent/Guardian Email Address: _____

Would you like to receive **email** communication about youth activities and events? **Yes** **No**

Home Address _____
(if different from previous page)

City/State/Zip _____

Employed by _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ **Cell Phone Carrier** (AT&T, Verizon, etc.)* _____

Would you like to receive **TEXT** communication about yactivities and events? **Yes** **No**

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Insurance Company: _____

Policy Number: _____

If I cannot be reached, please notify:

Name: _____ Relationship to student _____

Emergency Contact Phone (____) _____ or (____) _____

By signing below, we, the participant and parent/guardian, acknowledge and accept the risks of physical injury associated with participation in the activities of Haymarket Church Youth Group. Except in the case of gross negligence on the part of the sponsors, we accept personal financial responsibility for any injury sustained during these activities. Further, we promise to hold harmless Haymarket Church and St. Thomas United Methodist Church for any injury related to these activities. If a dispute over this agreement or any claim for damages arises, we agree to resolve the matter through a mutually acceptable arbitration process.

Parent/Guardian Signature: _____

Today's Date: _____