

◀ DUBLIN UNITED METHODIST CHURCH

2018/19 PARENTAL/GUARDIAN RELEASE FORM FOR ALL CHILDREN / YOUTH MINISTRY FUNCTIONS

Full Name _____ Preferred Name _____
Age _____ Birth date _____

Last four digits of Social Security #

Mailing Address Where Youth Lives: _____

Parent(s) and/or Guardian(s):

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Person to contact in case of emergency if parents are unavailable (must provide two names):

Name _____ Best Phone _____

Name _____ Best Phone _____

Insurance Co. _____ Policy No. _____

Are there any insurance restrictions: _____

SPECIAL MEDICAL NOTATIONS

Blood type (if known) _____ Date of last tetanus shot _____

Current medications and schedule _____

Drug and food allergies _____

Physician's name _____ Phone number(s) _____

Other medical information (physical restrictions, allergies, EPI pen, etc.) _____

I understand it is my responsibility to give updated insurance and contact information as it may change through the year. I also understand it is my responsibility to communicate phone numbers and my location(s) in writing to the youth leader in the event that I will be out of town during a youth activity. (Please initial) _____

This two-page form will be kept on file through December 31 of the calendar year it is completed. For your child to participate in activities offsite for the next calendar year, you will need to submit a new form. If your information changes, please notify the church office so our records will reflect these changes. An additional "short form," with details about specific events and permissions required, will be also be needed for youth to participate in other off-site activities (think caroling). If you have any questions, please contact the church office. Thank you for taking the time to fill out this necessary information!

POLICIES AND RELEASE FOR ADDRESSING HEALTH, BEHAVIOR, PHOTOGRAPHY AND COMMUNICATION

LIABILITY RELEASE

In case of an emergency illness or accident I authorize counselors, leaders, or staff of Dublin United Methodist Church to secure any medical assistance needed for the care of the above named person and I/we will assume financial responsibility for services thus secured. I authorize and consent to any x-ray, medical, surgical, or dental treatment and hospital care. I authorize and consent to the use of over-the-counter medicines to address symptoms my child develops. I/we understand that risks are involved in mission, travel, and recreation activities, and I do hereby release, forever discharge and agree to hold harmless Dublin United Methodist Church, church staff, and leaders from any and all liability which may result from personal injury, sickness, or death.

Parent/Guardian Initial _____

BEHAVIOR

In order to provide a safe, cooperative environment, the group needs to be in agreement with some basic but important behaviors.

1. Be considerate of the drivers both going and coming back from our destinations.
2. Be considerate of others at all times. (Compromise and "love one another")
3. Please listen to counselors when they are discussing plans of times and places to meet, leading devotionals, or giving important group information.
4. You are not allowed to go anywhere away from the group without a "buddy" from our group with you. "Groups" and "Buddies" need to keep up with each other.
5. You are not allowed to get up and leave during the message (unless an emergency). Please get concessions, a drink and/or use the restroom before the session or during the breaks.
6. You will not be allowed to walk around during the sessions.
7. Inform a counselor when you will be leaving the group and let them know your "whereabouts" at all times.
8. Budget your money wisely. (Unless you need us to help, each youth is responsible for his/her own money.)
9. A curfew of 12 midnight will be observed unless otherwise specified by the counselors. Curfew: in your room and quiet enough for others to sleep.
10. Remember that we represent Christ and Dublin United Methodist Youth. Your behaviors should be "Christ-like".
11. If conduct is not appropriate, your parents will be contacted for an "early ride home".
12. Everyone must have a good time!!!

Youth, we expect the best from you because you are the best youth group and you are representing the very best, Jesus Christ. We expect you to abide by these rules for the safety and pleasure for all on the trip. Failure to do so will require leaders or staff to take action accordingly.

Youth signature _____ Parent/Guardian Initial _____

PHOTOGRAPHY

I understand that pictures and video will be taken during events and I give my consent for the use of these pictures to be used for present and future publicity by DUMC on the web and in print. No names will be associated with the image.

Parent/Guardian Initial _____

COMMUNICATION

Keeping adults and youth informed of upcoming ministry activities is important to us! Your mailing address, email, and cell number will be used to keep you connected via surface mail, an electronic newsletter, and text (basic text rates will apply). By initialing below, you agree to be part of the communications database and to receive helpful and inspiring church and youth related news and information for you and your child. If your child is 13 years of age or older, we will also include them on text/email. All communications with youth will also include parent/guardians in the correspondence. These communications are delivered periodically throughout the year. We will not share your information with any outside group. You can easily unsubscribe at any time.

Parent/Guardian Initial _____

Notary

Signature of Parent or Guardian

Commission Expires