

## Youth Group Medical Release Parent Permission/Health & Liability Form

I, the parent/guardian of \_\_\_\_\_ allow him/her to be involved in all of the Latham UMC youth group activities for 2016. I understand that all reasonable safety precautions will be taken at all times by Latham United Methodist Church and volunteers. I understand the possibility of unforeseen hazards and the inherent possible risks.

1. Are you aware of any physical or emotional disabilities that will affect you during this event? If yes, please explain:
2. List any recent illness:
3. Are you presently using any prescribed medications:
4. Allergies:

I authorize treatment by licensed medical personnel deemed necessary for my child in the event of a medical or dental emergency. In consideration of the minors participation in any Youth Events, I/we agree to release, indemnify and hold harmless Latham United Methodist Church, and any co-sponsor of the events my child participates in its employees and agents, contracted or otherwise from any liability for injury, disease or damages from said participation.

Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_  
Policy # \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

Latham United Methodist Church Student Code of Conduct

1. I will observe all rules established by Latham United Methodist Church, and Co-sponsors of events or volunteers.
2. I fully accept responsibility for my actions and conduct while on this event.
3. I understand that there is no alcohol or tobacco products allowed at this event, including alcohol or tobacco related advertising, etc.
4. I will not leave the group without permission from Latham United Methodist Church or volunteers.
5. I will maintain a positive attitude while at this event.
6. I will get along with others and will not provoke or be involved in any fighting.
7. I understand that if I violate any of the rules my parents may be called and I may be sent home at my or my parents expense.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_