

Johnson Memorial United Methodist Church
Youth Permission Form

(Important: Both pages of this form must be completed by the parent or guardian of youth under the age of 18, or by the individual if over 18 years of age)

Youth's Name _____ Date of Birth _____

Youth's Social Security Number _____

Parent or Guardian _____

Parent or Guardian's Social Security Number _____

(Note: Providing your social security number is optional. The only reason we ask for social security numbers is in the event that emergency medical treatment would be needed).

Home address _____ Phone _____

Business address _____ Phone _____

I, the parent and/or guardian give permission for the above named youth to attend Ichthus near Wilmore, Kentucky June 12-15, 2008. I understand that my youth will be transported by automobile or van driven by adult leaders. In consideration for the participation in this activity, I waive, release and forever discharge Johnson Memorial United Methodist Church, its agents, employees, volunteer youth leaders and anyone else connected with this activity from any and all harm resulting from injuries sustained as a result of the youth's participation in this event. In the event that emergency medical treatment becomes necessary, I consent to medical personnel selected by adult leaders to order x-rays, tests, treatment, and necessary related transportation. If I cannot be reached in an emergency, I give permission to the physician selected by the youth leaders to secure and administer treatment, including hospitalization for the youth named above.

Signature of Parent or Guardian _____
(Or the Youth if over 18)

Both pages of this form must be completed

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Person to contact in emergency

Name _____ Relationship _____

Phone: Daytime _____

Phone Nighttime _____

Other Phone _____

Name _____ Relationship _____

Phone: Daytime _____

Phone Nighttime _____

Other Phone _____

Medical/Hospital Insurance: Carrier _____

Policy/Group Number: _____

Special Medical Conditions Yes No

Please explain _____

Allergies: Yes No Please list

Current Medications:

Past pertinent medical history:

ADD ADDITIONAL PAGES IF NECESSARY