

Parent/Guardian Information and Permission Form
Donelson Heights UMC Youth Activity

INFORMATION

Name: _____ Date of Birth: _____

Parent(s)/Guardian: _____

Home Address: _____

Home Phone: _____ Father's Work: _____ Mother's Work: _____

Other Numbers (cell or pager): _____

Emergency Contact (other than parents)-Name, Phone, Relationship

Phone Number you can be reached on the day of the activity: _____

INSURANCE

(Check one)

____ Insurance information is on file at the church and has not changed since I filled out the health form

____ Insurance information has changed---updated/current information/card is attached

PERMISSION

Description and Date of Activity: _____

I give my youth, _____, permission to participate in the above-stated activity. In case of medical or surgical emergency involving my youth, I give permission for treatment of any illness or injury as deemed necessary by duly licensed health care professionals. I understand that I am to be contacted at the earliest opportunity should such an event occur. If I can not be reached, I give permission for one of the chaperones to act as my proxy.

I understand that the activity my child will be participating in may involve certain inherent risks. I agree to assume the risks of that potentially dangerous activity and agree that Donelson Heights UMC, its chaperones/sponsors will not be held responsible in the case of an accident as long as reasonable safety precautions are taken.

Parent/Guardian Signature: _____ Date _____