

**One Spirit United Methodist Church Youth Group  
Activity Permission Form 2015-16**

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student's Date of Birth (mo/day/yr) \_\_\_\_\_

School \_\_\_\_\_ Grade Level in the Fall \_\_\_\_\_

Mom's Name \_\_\_\_\_ Mom's Cell \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Student Email \_\_\_\_\_

Mom's Email \_\_\_\_\_

Dad's Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Health Insurance: (Attach copy of insurance card)** Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

**Health Information:** Any medical condition that we need to know about \_\_\_\_\_

Is it okay for us to administer aspirin, Tylenol or ibuprofen upon request? \_\_\_\_\_

Allergies \_\_\_\_\_ Wears Contacts \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

My child \_\_\_\_\_ has my permission to attend all activities with the One Spirit United Methodist Church Youth Group. If in case of an emergency I cannot be reached I give permission for medical treatment to be authorized by the youth leaders. I understand that my insurance will be used as the primary coverage in the event of a medical emergency. I understand that all reasonable safety and health precautions will be taken at all events and activities.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

One Spirit UMC has my permission to photograph my child \_\_\_\_\_ during church and youth activities and to use those images on social media to promote the church youth group.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_