

**Lafayette United Methodist Church 2017/18 Youth Group Permission Slip**

**Lafayette United Methodist Church**

**955 Moraga Road Lafayette CA 94549 925.284.4765 thelumc.org**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_ to participate in the Lafayette United Methodist Church youth group and activities.

I understand that, at times, the youth may be traveling by car on field trips. My youth also has permission to participate in activities that will be supervised by the Youth Director and adult chaperons. I acknowledge that I am allowing our child to participate entirely upon our own initiative, risk, and responsibility.

I understand all reasonable safety precautions will be taken by the Youth Director and adult chaperones of Lafayette United Methodist Church (LUMC). I do not hold LUMC liable for any accident, injury or disease incurred by my child. I release and waive any liabilities against LUMC, its employees and volunteers.

In an emergency, illness, injury, or accident that requires medical attention, I give permission to LUMC, its representatives to give medical treatment as necessary. I assume responsibility for costs that arise from medical treatment that are not covered by my insurance. I understand that in the event medical intervention is needed every attempt will be made to contact the parent or guardian immediately.

From time-to-time, for promotional purposes, videos and photographs are taken at church sponsored events. Your attendance constitutes permission for LUMC to use your, or your family members, likeness in promotional materials. By attending a church sponsored event, you are agreeing to this photography/video release.

**YOUTH INFORMATION**

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade in the fall: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical or dietary requirements and needs: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parents/Guardians Names: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Parent/Guardian E-mail(s): \_\_\_\_\_

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

Emergency Contact Phone: \_\_\_\_\_

**(Please fill out other side)**

**Lafayette United Methodist Church**

**Authorization to Administer Over-the-Counter Medication**

I give permission for the youth director/chaperones to administer to my child, \_\_\_\_\_, the following over-the-counter (OTC) medications as needed for common aches and pains, including but not limited to headache, cramps, common cold, minor allergic reactions (ie: bug bites; bee stings), and cuts/abrasions.

We will only administer medications checked, per the following guidelines:

- May administer but please call parent first for verbal consent.
- May administer without parent notification.
- May administer OTC medications checked below and provided by LUMC.
- May administer OTC medications checked below and provided by family. (All medications must be presented in original container/packaging.)
- I DO NOT give permission for administration of any over-the-counter medications by LUMC teachers or chaperones.

Please check all that apply:

- Tylenol or generic
- Advil or generic
- Cough or cold medication
- Benadryl or generic
- Neosporin or generic
- Polysporin or generic
- Other \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_