



McGuire United Methodist Church

2075 Arkansas Road
West Monroe, LA 71291
Sunday worship at 10:30 a.m.

www.mcguireumc.org
Phone: 318-396-6114

PERMISSION RELEASE / MEDICAL FORM EFFECTIVE 01 Aug. 2018 – 31 July 2019

Name: _____ DoB: _____ Sex: _____ Age: _____

Parent/Guardian: _____

Home Phone: _____ Cell: _____ Work: _____

Home Address: _____

If not available in an emergency, please contact:

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship to Youth: _____

Relationship to Youth: _____

Health History:

Chronic or recurring illnesses: _____

Allergies: _____

Allergies to medication or insects: _____

Special Diet: _____

Special Medication (name and how given): _____

Activity Restrictions: _____

(continued on reverse)



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(continued)

Health Insurance Information:

Name of Insurance: _____

Policy #: _____ Group #: _____ Phone: _____

I, the undersigned parent or legal guardian of the child named above, do hereby grant my permission and consent for the said child to attend and participate in the events and activities of McGuire United Methodist Church Youth Ministry, both on and off church grounds, including necessary transportation to and from these events and activities.

Permission is granted for my child to receive medical care if: (1) such care is deemed necessary by the person(s) in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by and attempt to obtain my parental consent would reasonably jeopardize the life, health, or well-being of the child affected; (3) I cannot be personally be contacted.

I further agree not to hold McGuire United Methodist Church or any of its paid staff or volunteers responsible for any accident that may occur on the way to, from, or during an event. I indemnify, defend, and hold harmless McGuire United Methodist Church for all claims made and liabilities assessed against them as a result of any event or activity. I release McGuire United Methodist Church and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible to pick my child up and assume the cost of transportation.

By signing below, I am acknowledging that I have read and understand the above statements.

Signature (of above name parent)

Date

Disclaimer: Above information is held in confidence and is never released or sold.