CHRIST INDIANAPOLIS UNITED METHODIST CHURCH PERMISSION SLIP

Date Completed: _____

Personal Information:

Name _____ Birth Date _____ Age _____ Circle One: Male or Female

Address _____ City_____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ Email Address _____

Medical Information: Check the appropriate blank if you have ever had any of the following:

_____ Bee/Wasp Reaction _____ Dizziness or Fainting _____ Hay Fever _____Heart Trouble _____ Pregnant

_____ Penicillin Allergy _____ Physical Disability _____ Diabetes _____ Asthma _____ Epilepsy

_____ Respiratory Problems _____ High Blood Pressure _____ Operation in last year

_____ Regular Medication (List Below) _____ Allergies including drug & food (List Below) _____ Other (Explain Below)

List medications, allergies and other _____

Parent or Guardian Information:

Name _____ Relationship _____ Cell# _____

Address (if different) _____ Home Phone# _____

Insurance Information:

Insurance Company _____Policy Number _____ Preferred Hospital _____

Doctors Name _____ Doctors Phone Number _____

In case of Emergency Contact: (Must be different than the address above)

Name _____ Relationship _____ Home# _____ Cell# _____

Address _____City _____ State _____ Zip Code _____

I certify the information provided is correct to the best of my knowledge. In the event of an emergency, I give permission to the directors of the activity and/or Christ United Methodist Church to render First Aid, as well as permission to a licensed physician to hospitalize, anesthetize, or perform surgery on the person listed. I understand that every reasonable effort will be made to make contact with the above mentioned emergency contact before these actions are taken.

I give permission to the directors of the listed activity and/or Christ United Methodist Church to give the minor child listed above the following medications as needed: 1. Tylenol (Acetaminophen) 325mg/tablet following the directions on the package for pain or fever. 2. Benadryl (Diphenhydramine) 25mg/tablet following the package direction for allergic reaction (e.g. bee sting, ECT,).

I further agree to hold harmless and indemnify the Christ United Methodist Church staff and Christ United Methodist Church from any and all claims for damages arising out of personal injuries sustained by myself/son/daughter/ward during any class time or field trip and I hereby fully and forever release and discharge the Christ United Methodist Church staff and Christ United Methodist Church from any and all said claims.

I understand photographs may be taken of those attending this event and may be used for promotional use within the church.

If above listed is a minor:

Signature of parent/guardian _____ Printed Name _____

Relationship to minor _____ Date _____

Above listed person:

Signature _____ Printed Name _____ Date _____

This document also serves as a permission slip for youth activities participated in 1 year following the completion of this form. If there are any insurance changes at the beginning of the calendar year please notify your youth director.