

**SHADY GROVE UNITED METHODIST YOUTH 2017-2018  
GENERAL MEDICAL PERMISSION FORM**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
          Last                      First                      Middle

School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Youth Cell #: \_\_\_\_\_ It's ok to  Text  Call

Parents:

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notify in case of emergency (in the event parents cannot be reached): \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

If no answer \_\_\_\_\_

Any allergies to medicines, foods, etc. \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Other dietary considerations (vegetarian etc): \_\_\_\_\_

Any history of serious illness (diabetes, asthma, epilepsy, etc.) or recent injuries or hospitalizations (please list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other concerns counselors should be aware of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What medications (if any) are presently being taken? \_\_\_\_\_  
\_\_\_\_\_

In the event (youth's name) \_\_\_\_\_ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in Shady Grove UMC activities, on recommendation of the doctor, after consultation with the adult chaperone in charge, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the counselors will contact me at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult chaperones for the particular event to protect the safety of those involved.

Health insurance by which participant is covered \_\_\_\_\_

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

\_\_\_\_\_ HAS MY/OUR PERMISSION TO GO WITH  
SHADY GROVE UNITED METHODIST CHURCH TO ALL RELATED ACTIVITIES FROM  
Dec 1, 2017 - Dec. 1, 2018.

PARENT SIGNATURE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

***Shady Grove UMC Photo and Video Release***

During the year, Shady Grove's youth ministries will be taking photos and videos of most participants at the various events and activities. These photos could be used in future Shady Grove Youth publications such as newsletters and brochures, multimedia presentations, bulletin boards to place on the Shady Grove web site, or to store on compact discs for the purposes of archiving. By signing below, you are giving Shady Grove United Methodist Church permission to take photos and videos of your child for the purposes stated above and that you do not expect, nor require, any financial remuneration for the reproduction of such photos now or in the future.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SHADY GROVE UNITED METHODIST CHURCH  
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