

**SHADY GROVE UNITED METHODIST YOUTH 2016-17
GENERAL MEDICAL PERMISSION FORM**

Name _____ Birthdate _____

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. _____

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 _____ 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 _____

Parent(s) Signature _____ Date _____

SHADY GROVE UNITED METHODIST CHURCH
8209 Shady Grove
Post Office Box 817 Mechanicsville, Virginia 23111 (804) 746-9073

_____ HAS MY/OUR PERMISSION TO GO WITH
SHADY GROVE UNITED METHODIST CHURCH TO ALL RELATED ACTIVITIES FROM
Dec 1, 2016 - Dec. 1, 2017.

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 _____