

2007-2008 Parental Consent/Medical Release Form
White Oak United Methodist Church
2232 Lyndon Avenue
Red Bank, TN 37415

Participant: _____ Age: _____ Birthdate: _____

Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Name of Parent(s)/Legal Guardian: _____

Address (if different) _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Parent(s)/Guardian Business Phone(s): (_____) _____ ; (_____) _____

Other next of kin/party outside the home who can be notified in event of emergency:

Name: _____ Relationship: _____ Phone: (_____) _____

Is your youth covered by medical/hospitalization insurance? **YES** _____ **NO** _____

Policy Holder Name: _____

Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Parent/Guardian Place of Employment: _____

Please list below any past or present medical concerns or restrictions, allergies (food, insect bites, etc.), dietary restrictions, current medications regularly taken, or any other important information that you feel we must know, along with medications or treatments needed for these concerns.

Permission for Emergency Medical/Dental Care and Liability Release

Parents or guardians of students under 18 years of age **MUST** sign the following statement to allow possible emergency medical or dental treatment and to release White Oak United Methodist Church from liability while the student is attending the event and/or function.

“I/We hereby authorize an emergency service agency and physician or dentist to administer whatever medical care in their professional opinion is necessary for any minor child who is attending the event/function associated with White Oak United Methodist Church.

I/We further agree to indemnify, hold harmless, release and forever discharge White Oak United Methodist Church and/or its employees and adult chaperones from any claims which I or my heirs or any other persons acting on my behalf have or may have against White Oak United Methodist Church by reason of accident, illness or injury, or other consequences arising or resulting directly or indirectly from the participation of minor child named below in the event/function. This authorization is valid until August 31, 2008, or until revoked by me, in writing.”

Minor Child’s/Children’s Name(s): _____

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Permission to participate in trips/activities/events/functions

Parents or Guardians of child/children under 18 years of age **MUST** sign the following statement to allow the child/children to participate in trip/activity/event/function while with White Oak United Methodist Church.

“I/We understand that chaperones accompany child/children on all trips/activities/events/functions but may not always be able to personally and individually supervise my child/children. My child/children will be allowed to attend and participate in trips/activities/events/functions organized by White Oak United Methodist Church.

Furthermore, I/We understand that my child/children will be expected to abide by conduct rules and dress codes that have been set up by White Oak United Methodist Church. I give permission for the adult leaders to discipline my child/children in the manner prescribed in White Oak UMC’s Safe Sanctuary Policy. Should occasion arise and should it become necessary for my child to return early from this trip, I agree to meet any necessary expenses. This authorization is valid until August 31, 2008, or until revoked by me, in writing.”

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____