

**WESLEY UNITED METHODIST CHURCH
AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR AND
RELEASE OF LIABILITY AUTHORIZATION FORM**

Today's date: _____ This form will be kept on file for one year from this date.

Student name: _____ Sex: _____ Age: _____ Birthdate: _____

Address: _____

Name of Parents or guardian: _____

List ALL of your child's health restrictions (ie: allergies, medications)

List ALL of your child's medications and times to be taken (send in original containers):

Physical limitations:

Medical Insurance Co.: _____ Policy #: _____

Participant I.D. Number: _____ Medical Insurance Phone Number: _____

Phone number where parent/guardian can be reached:(day) _____ (night) _____

Emergency contact name and phone number: _____

To Whom it may concern: _____ has my

(child's name)

permission to go on retreats, trips and other onsite and offsite events in conjunction with the Youth Ministry of Wesley United Methodist Church. Please seek any medical assistance needed while he/she is with this group.

I, _____,

(name of parent or guardian)

parent or guardian of _____, a minor,

(child's name)

do hereby authorize adult workers with youth from Wesley United Methodist Church, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I have read and I understand the above document. By signing this document, I hereby release Wesley United Methodist Church from any and all liability from personal injury or damage to property.

Signature of parent/guardian

relationship to minor

date

(over→)

Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.

(Yes) (No)

Parent/Custodial Adult Parent/Custodial Adult

Date: _____

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Wesley United Methodist Church.

I/we **(do)** or **(do not)** give permission for a recognizable image of my child to be posted on the Wesley UMC website or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

Parent/Custodial Adult Parent/Custodial Adult

**WESLEY YOUTH MINISTRIES
STUDENT COVENANT OF CONDUCT**

In all meetings, retreats or other events under the sponsorship or guidance of my church, I am a representative of the Christian Community and I am responsible for my actions. I understand that the following guidelines will be followed:

1. *All conduct shall be in keeping with the highest Christian regard and respect for all persons.*
2. *All individuals will be expected to participate in group activities.*
3. *All dress shall be appropriate for the activity.*
4. *The area used for the meeting, retreat or other event shall be left clean.*
5. *The illegal use of drugs, or the use or possession of alcoholic beverages or tobacco products shall be prohibited.*
6. *If the terms of this covenant are broken, the adults leaders of the group may, at their discretion, contact my parent/guardian, possibly leading to my parent/guardian removing me from the event.*

I, _____, have read and understand the Covenant of
(Child)
Conduct above and will abide by it.

(signature of child) (date)

I, _____, have read and understand the Covenant of
(Parent/guardian)
Conduct above and agree to abide by it.

(signature of parent/guardian) (date)