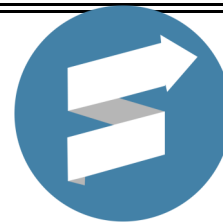


**YOUTH PERMISSION FORM**  
**Peachtree City United Methodist Church**  
**Parental Consent and Liability Release**  
**August 2018– August 2019**



**Name of Student:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Student Home Phone:** \_\_\_\_\_ **Student Cell Phone:** \_\_\_\_\_

**Primary Parent Name for Contact:** \_\_\_\_\_ **Parent Cell Phone:** \_\_\_\_\_

**Primary Parent Email:** \_\_\_\_\_ **Parent Work Phone:** \_\_\_\_\_

**Additional Parent Name:** \_\_\_\_\_ **Parent Cell Phone:** \_\_\_\_\_

**Additional Parent Email:** \_\_\_\_\_ **Parent Work Phone:** \_\_\_\_\_

**Insurance Co:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Medical Alert/Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Has your son or daughter ever been clinically diagnosed with schizophrenia, bi-polar disorder, depression, or other psychological, medical or psychiatric condition of which we need to be aware?**

**No** \_\_\_\_\_ **Yes (explain)** \_\_\_\_\_

**Legal Alerts/Court Orders:** \_\_\_\_\_

I, the undersigned parent/guardian, authorize permission for the above student to attend events sponsored by Peachtree City United Methodist Church for 2018-2019. I authorize any adult sponsor to consent to any x-ray, medical, surgical or dental treatment and hospital care deemed necessary for the above student. As parent/guardian, I do hereby release, forever discharge and agree to hold harmless Peachtree City United Methodist Church, Director of Family, High School or Middle School Ministries, other church staff and adult sponsors from any and all liability, personal injury, sickness or death, whether intended or unintended. I assume all responsibility as a result of student's participation in church-sponsored activities.

I give my permission for my child to be photographed. I understand these photographs will be used at the church's discretion.

Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all costs involved. This is a binding covenant and agreement.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*Official Seal of Notary Public*

\_\_\_\_\_  
**Official Signature of Notary Public**