

APPENDIX A
BLACK RIVER FALLS UNITED METHODIST CHURCH
PERMISSION/MEDICAL RELEASE FORM FOR YOUTH PROGRAM – 12th GRADE AND YOUNGER

Participant: _____ Family Email: _____

Date: _____

This form is to ensure informed parental consent for activities that are sponsored by BRF United Methodist Church. This form is valid for one year after the date filled out for activities onsite or not requiring transportation. For any off-site, overnight activities or any activity requiring transportation an additional Event Release Form (Appendix B) will be required. It also provides consent for treatment of minors who become ill or injured during the course of activities. We will make every effort to contact the person(s) named below. **Please sign and date both sides!**

Emergency Contact Information

Name: _____

Relationship to participant: _____

Home phone: _____ Other phone: _____

Address: _____

Second Contact Name: _____

Relationship to participant: _____

Phone: _____ Other phone: _____

Insurance Information:

Name of Insurance Company: _____

Full name of insured cardholder: _____

Birth date of insured cardholder: _____

Policy ID number: _____

Customer Service phone number on back of card: _____

***Please have a copy of your health insurance card on file at BRF UMC.**

I, the undersigned parent or guardian, do hereby give my permission for my child, _____, to participate in the above named activity or activities. In order for my child to receive necessary medical treatment from medical staff and/or physicians in a medical clinic or hospital in case of illness or injury, I hereby authorize the activity leader to obtain and consent to medical treatment for such illness or injury during the above specified activity or activities. I hereby release, discharge and hold harmless on behalf of myself and my child, Black River Falls United Methodist Church and its designated leadership, agents and employees from any and all debts, claims, demands or costs, including attorney fees, all causes of action or suits of any kind which may arise or be occasioned as result of my child's participation in this activity, there is the possibility of illness or injury and that my child and I are assuming the risk for such illness or injury by her/his participation. I realize that I am ultimately responsible for paying any medical bills.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date