

CATALYST YOUTH MINISTRIES OF LUMC

General Permission & Medical Form

I give permission for my child, _____ to ride with *Emily Roach, Christy Wiseman, David Speaks, Derek Roach, Dona Stilphen, George Stilphen*, or any other authorized youth leader volunteers on any day trip to similar event sponsored by the Catalyst Youth of LUMC. The above counselors also have my permission to give and/or seek medical aid for my child in the event of an emergency. I also authorize any medical establishment of the counselors' choice to treat my child in case of emergency. I understand that every effort will be made to contact me should anything happen; however, if I cannot be reached, I give permission to the Youth Director and Youth Volunteer Leaders of Lewisville United Methodist Church to secure the service of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I understand that I am responsible for any costs of this medical aid. I also agree not to hold Lewisville United Methodist Church, the staff, or any volunteers responsible for any accident that might occur. I hereby agree to all of these conditions.

Parent's Signature

Date

Home Phone: _____

Cell Phone: _____

Alternate Phone: _____

Relationship: _____

Emergency Contact: _____

Relationship: _____

Please list any additional information about your child that Youth Leaders should be aware of:

Medical Insurance Carrier:

Parent/Guardian's Insurance Group Name: _____

Insurance Group Number: _____

Medical Information:

Family Physician's Name: _____ Phone: _____

Date of last Tetanus Shot: _____

Allergies, condition, dietary restrictions, special needs, medical concerns of which we should be aware:

Food: _____ Drug: _____

Animal: _____ Other: _____

Special Dietary Needs: _____

Limitations of which we should be aware: _____

My child requires the following medicine: _____

My child has permission to be given Tylenol or Ibuprofen if they request it. Y N