

CATALYST YOUTH MINISTRIES OF LUMC

General Permission, Media Release & Medical Form

I give permission for my child, _____ to ride with *Emily Roach* or any other authorized youth leader volunteers on any trip to similar event sponsored by the Catalyst Youth of LUMC. Also, Catalyst Youth Ministries reserves the right to use any video or photograph taken at any Catalyst-sponsored event without the expressed written permission of those included within the photograph or video. Catalyst may use the photograph or video in media produced, used or contracted by Catalyst including but not limited to: brochures, social media sites, books, press releases, magazines, television, websites, etc.. I also give my permission to the leaders of Catalyst to give and/or seek medical aid for my child in the event of an emergency. I also authorize any medical establishment of the leaders' 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 (s): _____

Email : _____

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