



# 2016-2017 Yearly Permission Form

Middletown Christian Church  
500 North Watterson Trail, Louisville, KY 40243  
502-245-9793

## PARENT OR LEGAL GUARDIAN OF A MINOR CONSENT AND HOLD HARMLESS

**PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR – AUGUST THROUGH JULY. IT IS THE PARENT'S OR LEGAL GUARDIAN'S RESPONSIBILITY TO NOTIFY THE YOUTH MINISTER OF ANY CHANGES THAT NEED TO BE MADE DURING THE PROGRAM YEAR.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### Emergency Contact Information:

Name (Relationship): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

### Alternate Emergency Contact Information:

Name (Relationship): \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (printed name of parent/guardian) being the parent or legal guardian of \_\_\_\_\_ (printed name of minor) hereby give my consent for my minor child to participate in youth activities at Middletown Christian Church from \_\_\_\_\_ (date) to \_\_\_\_\_ (date), not to exceed one year from date of signing.)

I understand that all reasonable safety precautions will be taken by the program leaders during each activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Middletown Christian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Minor child's medical conditions (allergies or other medical conditions) that activity leaders should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My minor child should be excluded from the following activities: \_\_\_\_\_  
\_\_\_\_\_

### Consent to Transport

\_\_\_\_\_ I give my consent for Middletown Christian Church to transport my child and will assume all liability for **(Initial)** their participation in this activity/event and any injury that may result during the transport or at the event/activity. I will not hold Middletown Christian Church, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named minor in the course of travel. I accept full responsibility and hereby grant permission for me or my minor child to travel with Middletown Christian Church.

### Photo Consent

\_\_\_\_\_ I grant Middletown Christian Church permission to use my child's photograph in any and all publications, **(Initial)** including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Middletown Christian Church and will not be returned. I authorize Middletown Christian Church to edit, publish or distribute photos for purposes of publicizing Middletown Christian Church's programs and events. I waive the right to inspect or approve the finished product, including written or electronic copy.

**Permission To Dispense Non-Prescribed Medication**

\_\_\_\_\_ I give permission for Middletown Christian Church’s staff/volunteers to give the initialed  
**(Initial)** non-prescription medications, or those I have provided, to my minor child as needed.

The following non-prescription medication may be available for dispensation. Please initial each medication listed to indicate that the church staff/volunteers may dispense that medication to your child should the need arise.

\_\_\_ Tylenol \_\_\_ Advil \_\_\_ Bayer \_\_\_ Imodium A-D \_\_\_ Mylanta/Tums \_\_\_ Pepto-Bismol \_\_\_ Benadryl \_\_\_ Hydro-cortisone cream \_\_\_ Neosporin \_\_\_ Calamine Lotion \_\_\_ Bactine

*If you would prefer, you may send your own products in original containers with instructions in a sealed zip-loc bag clearly labeled with your child’s name with directions for dispensing and given to the church staff/volunteer. In all cases, the recommended dosage of any medication will not be exceeded.*

If after administering any of the above listed, or those I have provided, non-prescribed medication there is an adverse reaction, I give my permission to Middletown Christian Church to secure from any licensed hospital physician and/or medical personnel any and all medical services necessary. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. I do hereby fully release or discharge Middletown Christian Church, its officers, agents, volunteers, and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication.

**Consent to Treat a Minor**

Being the parent or legal guardian of \_\_\_\_\_ (minor’s printed name), I \_\_\_\_\_ (parent/guardian’s printed name) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment including providing information included on the *Permission To Dispense Prescribed Medication* and/or *Permission To Self-Administer Prescribed Medication* and/or information included on this Yearly Permission Form if applicable. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Minor’s Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Medical Insurance ID or Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**NOTARY**

Before me this day \_\_\_\_\_ (date), \_\_\_\_\_(parent)  
Personally known to me or who has produced \_\_\_\_\_(Driver’s License #)  
As identification and who executed the forgoing instrument for the purpose therein expressed.

Notary Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_