



2019-2020 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): _____ E-mail: _____
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

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

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: _____

Medical Insurance Company: _____

Medical Insurance ID or Group #: _____ Phone #: _____

Primary Care Physician: _____ Phone #: _____

Notary must witness signature or provide license to notary.

Parent/Guardian Signature: _____ Date: _____

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: _____