

**PAINESVILLE UNITED METHODIST CHURCH YOUTH GROUP MEDICAL & PERMISSION FORM**  
**Effective Dates: September 1, 2022 – August 31, 2023**

**YOUTH INFORMATION**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

May we send text messages? Y N      May we leave voicemail messages? Y N

Email: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sports or Extra Curricular Activities: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN INFORMATION**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT PERSON (In case parent or legal guardian cannot be reached)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Physical conditions such as disabilities, recurring illness, allergies (i.e.: dairy, nuts, seafood, insects, animals):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medications and dosages currently taken by youth: \_\_\_\_\_

\_\_\_\_\_

**OVER-THE-COUNTER MEDICATIONS**

Participants will be allowed to possess and take over-the-counter and prescription medication on their own if permission is granted in writing by the parent(s) or guardian(s). Both over-the-counter and prescription medication must be in their original containers and listed above. My child understands that any medications are his/her own and are not to be shared with any other persons.

Is the youth permitted to take over-the-counter pain reliever? Y N

Is the youth permitted to take over-the-counter cold/flu medication? Y N

Is the youth permitted to take over-the-counter motion sickness medication? Y N

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION INFORMATION**

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

Policy Subscriber's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION (Part 1 or Part 2 Must Be Completed)**

**Part 1 (To Grant Consent)**

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-mentioned doctor/medical specialist/dentist or, in the event the designated practitioner is not available, by any other licensed physician or dentist; and (2) the transfer of the child to the preferred hospital or, any hospital reasonably accessible.

I understand that the consent and authorization herein granted do not include major surgical procedures unless the medical options of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained proper to the performance of such surgery. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

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

Facts concerning youth medical history and physical impairment to which a physician should be alerted:

---

---

**Part 2 (Refusal to Consent)**

*DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1*

I do not give consent for emergency medical treatment of my child. In the event of illness or injury, I do not give the attending physician permission to administer treatment until the parent, guardian, or designated individual is contacted.

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

**Parental Consent**

The undersigned does hereby give permission for my child \_\_\_\_\_  
(Name of "Participant")

to attend and participate in any Painesville United Methodist Church Youth Group activities, events, and retreats during the period of September 1, 2022 – August 31, 2023.

**LIABILITY RELEASE:** In consideration of Painesville United Methodist Church, Inc. allowing the Participant to participate in youth group activities (such as Sunday worship, Sunday meetings, Activities, Events, Retreats, Lock-Ins, Trips, etc.), the undersigned, for themselves and on behalf of the Participant, and any personal representatives, heirs, and next of kin of same, do hereby release, waive, and forever discharge and agrees to hold harmless the Painesville United Methodist Church, Inc., its pastor(s), director(s), trustee(s), employees, volunteers, and/or teachers (collectively the "Church") from any and all liabilities, claims, losses, damages, or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or any Participant (or any person who may contract any illness including, but not limited to COVID-19, directly or indirectly, from the undersigned or such Participant) whether caused by the negligence, active or passive, of the Church or otherwise while the undersigned or such Participant are in, upon, or about the premises or any facilities or using any equipment of the Church or vehicles owned or used by the Church or participating in any program of or affiliated with the Church. I, the parent, or legal guardian of this Participant hereby grants my permission for the Participant to participate fully in youth group activities, including trips away from the Church premises in vehicles owned or used by the Church for such activities. Furthermore, I, on

behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of Participant’s participation in recreation and/or work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful, or intentional acts of said Participant, including the Church’s attorneys’ fees and expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** I authorize any adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Ohio Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Painesville United Methodist Church Youth Group. My youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

**ELECTRONIC SIGNATURE:** By placing an “X” in the “I agree” box below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. By selecting “I agree” using any device, means, or action, I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement. If I am signing this document on behalf of a minor, I represent and warrant that I am the minor’s parent or legal guardian. I understand that the electronically stored copy of my signature, any written instruction or authorization, and any other document provided to me by Painesville United Methodist Church is considered to be the true, accurate, and complete record, legally enforceable in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document and any other documents. I agree to the terms and conditions of this document on behalf of myself or as the parent or legal guardian of the minor on whose behalf I am signing this document. If you do “Not agree” then please print this document, sign, date, and return to Painesville United Methodist Church.

As the Parent or Legal Guardian “I agree” to Electronic Signature.

As the Parent or Legal Guardian “I do not agree” with Electronic Signature.

Name of youth participant: \_\_\_\_\_

X \_\_\_\_\_  
Signature of youth participant

\_\_\_\_\_  
Date

Name of parent / guardian: \_\_\_\_\_

X \_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date