## Pleasant View Methodist Church - Youth Ministries 18416 Lee Highway, Abingdon, VA 24210

## Permission, Medical and Liability Release Form

							Date		
<b>General Informat</b>	ion								
Participants Name				Grade	School				
•	Birth Date		1 1	_	Gender				
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Address				City		Stata	7in		
Address				City	=	State _	Zip	·	
Home Phone			Participant's Ce						
			Participant's Em	ail					
Mother's Name			Mother's Email						
Address				City					
Home Phone			Mother's Ce	II Phone	Worl	k Phone			
Member PVMC?	Yes	No							
Father's Name			Father's Email						
Address				City		State	Zip		
Home Phone			Father's Ce	II Phone	Worl	k Phone			
Member PVMC?	Yes	No	<del></del>			-			
Emergency Contact 1			Phone		Relationship				
o. goo, coacc .									
Emergency Contact 2			Phone		Relationship				
Liner gency contact 2			T none		Neiduoniship				
DI/MC aga	ka ta miniatar ta		d in the best way no	asible Kr	aving a shild's home/family	aituation a	an ha ware	halpful in kna	wina
FVINC See		-			owing a child's home/family		-	перин т кпо	wing
	how to	best mini	ister to your child.	Any intorn	nation you provide will be tre	ated confi	dentially.		
Parent's Marital Statu	s (please circle)		Marrie	d	Divorced / Separated		Deceased	(mother / fathe	r)
			Never	Married			Incarcerat	ed (mother / fa	ther)
PVMC is committed to	the safety of yo	ur child. A	Are there any custo	dy issues	concerning your child that w	e should b	oe aware o	f?	
			_	-	ho should NOT be allowed to				
openically, is also a	,					, p.o., you.	oma ap.		
Are there other family	issues or situat	ions you f	iool wo should know	v about th	at would help us in ministerir	ag to your	obild?		
Are there other family	issues of situat	ions you i	eei we siloula kilov	v about th	at would help us in ministerii	ig to your	Ciliu:		
AA1:11 1		-4:							
Medical and Insu		,							
Is your child presently	being treated f	or an injur	ry or illness? If yes,	please ex	plain. NO YES				
_									
Is your child allergic t	o any medicatio	n? If yes, p	please explain.	NO	Yes				
If needed, can over-th	e-counter (OTC	) medicati	ions ( <i>Tylenol, Ibupi</i>	ofen, Ben	<i>adryl, Pepto-Bismol, etc.</i> ) be	administe	ered to you	r child?	
NO YES	Please list any	OTC med	lications that shoul	d NOT be	given to your child.				
Does your child requi	re a special diet	? If yes, pl	ease explain.	NO	Yes				
Does your child have	(or has he/she e	ver had) a	ny of the following	(please cl	neck all that apply and explai	n below)			
Seizures o	r seizure disorde	ers	Asthm	а	Heart problems / murmur_		Diabetes_		
Alleraic to	bee/wasp stings	3	Kidne	Disease_	Fainting / Dizz				
g. c to						•··· <del>·</del>			
Does your child have	any allergies oth	er than m	edicinal? If yes al	ase evnla	in. NO YES				
2003 your Clinic nave	and gles our	or uran III	iodiomai: ii yes, pie	ase expla	110 123				
Doos your shild use a	n inhalar?	NO	VEQ If an	عددمد النب	nild have the inhaler with the	m2	NO YES		
Does your child use a	ii iiiiiaiei !	NO	YES If so, v	mi venn Cf	mu nave me mnaier will Mei		169		
	n eninen?	NO							
Date of child's last tet	n epipen?	NO			ild have the epipen with the		NO YES		

Does your child ever sleep walk?	NO YES	Can your child swim?	NO YES	
Does your child have any physical handic	cap or illness that would prev	ent him or her from partic	ipating in normal, rigorous activit	/?
If yes, please explain				
Physicians name:	Physicians Physicians	s Addresss:		
Physicians phone number:				
Medical Insurance Company				
Insurance Subscriber's Name				
Insurance ID Number, Group Number, et	c			
Pre-Authorization Phone Number			No insurance at this t	ime
Please provide a copy of your insurance card				
Medical Treatment Authorization	1			
I understand that I, my child's other pare	nt or guardian, or the emerge	ency contact named abov	e, will be notified in the case of a n	nedical
emergency involving my child. However,	in the event that I, my child's	other parent / guardian o	r the emergency contact cannot b	e
reached, I authorize the calling of a docto	or and the providing of neces	ssary medical services in	the event that my child is injured	or
becomes ill. I understand that neither Ple	easant View Methodist Churc	ch nor the adult presenting	my child for medical treatment	
will be responsible for medical expenses	incurred, but that such expe	nses will be my responsib	ility as parent / guardian.	
I agree to notify Pleasant View Methodis	t Church in the event of any h	ealth changes which wou	ld restrict my child's	
participation in any normal youth activities	es. I also understand that the	adult supervisors reserve	the right to restrict my child from	any
activities that they do not believe are with	hin the physical capabilities o	of my child.		
Signature of Parent / Guardian			Date	
			Date	
Permission to use photographs	ant permission for photograp	hs, videos, or voice recor		pating in
Permission to use photographs  I DO DO NOT (please circle choice) gra			dings of my minor children partici	pating in
Permission to use photographs  I DO DO NOT (please circle choice) grachurch-sponsored programs to be used in	in any church media ( <i>including</i>	but not limited to the church n	dings of my minor children partici	pating in
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Permission to use photographs  I DO DO NOT (please circle choice) grachurch-sponsored programs to be used in videos, brochures) and for Pleasant View Microseph and Certification	in any church media ( <i>including</i> C to make changes and/or ed egal guardian of the child nam	but not limited to the church not lit this media as the churc ned above, do hereby con	dings of my minor children partici ewsletter, website, advertisements n deems necessary. sent to the participation of my chil	d
Permission to use photographs  I DO DO NOT (please circle choice) grachurch-sponsored programs to be used in videos, brochures) and for Pleasant View Motographic Consent and Certification  I, the undersigned, being the parent or least	in any church media ( <i>including</i> C to make changes and/or ed egal guardian of the child nam the Youth Ministry of Pleasan	but not limited to the church not lit this media as the church ned above, do hereby cons t View Methodist Church	dings of my minor children partici ewsletter, website, advertisements in deems necessary. Sent to the participation of my chil I understand that these program	d s
Permission to use photographs  I DO DO NOT (please circle choice) grachurch-sponsored programs to be used in videos, brochures) and for Pleasant View Motographic Consent and Certification  I, the undersigned, being the parent or less in the programs, activities and events of the consents of the programs.	in any church media ( <i>including</i> C to make changes and/or ed egal guardian of the child name the Youth Ministry of Pleasan e not limited to, youth retreats	the but not limited to the church not lit this media as the church ned above, do hereby cons t View Methodist Church s, mission trips (both loca	dings of my minor children partici ewsletter, website, advertisements in deems necessary.  sent to the participation of my chil I understand that these programs	d s s, ropes
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