

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

**Permission, Medical and Liability Release Form**

Date \_\_\_\_\_

**General Information**

Participants Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Participant's Cell Phone \_\_\_\_\_  
 Participant's Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Member PVMC? Yes No

Father's Name \_\_\_\_\_ Father's Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Member PVMC? Yes No

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

<i>PVMC seeks to minister to your child in the best way possible. Knowing a child's home/family situation can be very helpful in knowing how to best minister to your child. Any information you provide will be treated confidentially.</i>			
Parent's Marital Status (please circle)	Married	Divorced / Separated	Deceased (mother / father)
	Never Married		Incarcerated (mother / father)
PVMC is committed to the safety of your child. Are there any custody issues concerning your child that we should be aware of? Specifically, is there anyone who should NOT have access to your child or who should NOT be allowed to pick your child up?			
Are there other family issues or situations you feel we should know about that would help us in ministering to your child? _____			

**Medical and Insurance Information**

Is your child presently being treated for an injury or illness? If yes, please explain. NO YES \_\_\_\_\_

Is your child allergic to any medication? If yes, please explain. NO Yes \_\_\_\_\_

If needed, can over-the-counter (OTC) medications (*Tylenol, Ibuprofen, Benadryl, Pepto-Bismol, etc.*) be administered to your child?  
 NO YES Please list any OTC medications that should NOT be given to your child. \_\_\_\_\_

Does your child require a special diet? If yes, please explain. NO Yes \_\_\_\_\_

Does your child have (or has he/she ever had) any of the following (please check all that apply and explain below)  
 Seizures or seizure disorders \_\_\_\_\_ Asthma \_\_\_\_\_ Heart problems / murmur \_\_\_\_\_ Diabetes \_\_\_\_\_  
 Allergic to bee/wasp stings \_\_\_\_\_ Kidney Disease \_\_\_\_\_ Fainting / Dizziness \_\_\_\_\_

Does your child have any allergies other than medicinal? If yes, please explain. NO YES \_\_\_\_\_

Does your child use an inhaler? NO YES If so, will your child have the inhaler with them? NO YES  
 Does your child use an epipen? NO YES If so, will your child have the epipen with them? NO YES  
 Date of child's last tetanus shot \_\_\_\_\_

Does your child ever sleep walk?      NO      YES                      Can your child swim?      NO      YES  
Does your child have any physical handicap or illness that would prevent him or her from participating in normal, rigorous activity?  
If yes, please explain \_\_\_\_\_

Physicians name: \_\_\_\_\_ Physicians Address: \_\_\_\_\_  
Physicians phone number: \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Insurance Subscriber's Name \_\_\_\_\_  
Insurance ID Number, Group Number, etc. \_\_\_\_\_  
Pre-Authorization Phone Number \_\_\_\_\_ No insurance at this time \_\_\_\_\_

*Please provide a copy of your insurance card*

**Medical Treatment Authorization**

I understand that I, my child's other parent or guardian, or the emergency contact named above, will be notified in the case of a medical emergency involving my child. However, in the event that I, my child's other parent / guardian or the emergency contact cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I understand that neither Pleasant View Methodist Church nor the adult presenting my child for medical treatment will be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent / guardian.

I agree to notify Pleasant View Methodist Church in the event of any health changes which would restrict my child's participation in any normal youth activities. I also understand that the adult supervisors reserve the right to restrict my child from any activities that they do not believe are within the physical capabilities of my child.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Permission to use photographs**

I  DO  DO NOT *(please circle choice)* grant permission for photographs, videos, or voice recordings of my minor children participating in church-sponsored programs to be used in any church media *(including but not limited to the church newsletter, website, advertisements videos, brochures)* and for Pleasant View MC to make changes and/or edit this media as the church deems necessary.

**Consent and Certification**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the programs, activities and events of the Youth Ministry of Pleasant View Methodist Church. I understand that these programs activities and events may include, but are not limited to, youth retreats, mission trips (both local and out of town), service projects, ropes courses, pool parties, lake days, skating, skiing, weekly prayer breakfasts, trips to youth conventions or Johns Island, and other programs, activities, events and trips that may be scheduled by the Youth Ministries of Pleasant View Methodist Church.

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the transportation of my child to and from activities and events requiring transportation. I understand that my child may be transported on either PVMC church bus or in the personal vehicles of authorized adult counselors or chaperones.

I do NOT authorize my child to participate in any of the following activities (please list): \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_