



FIRST UNITED
METHODIST CHURCH

245 Portage Trail Cuyahoga Falls OH 44221

Youth Ministries Liability,
Medical & Photo Release

General Release from Liability: I hereby release First United Methodist Church, its staff, officers, youth leaders, and other agents from all liability connected with youth programs and activities, including transportation and all programs, during the period of August 1, 2020 through August 31, 2021.

I understand that my child may take part in activities away from the church building and ride in vehicles driven by volunteers. These activities could include programs outside the state of Ohio.

In Case of Emergency: In the event of an emergency, illness or accident, parents or guardians will be contacted at the earliest possible moment. However, as contact cannot always be made immediately, we need permission for emergency medical care.

TO BE COMPLETED BY THE PARENT OR GUARDIAN OF YOUTH PARTICIPANT

In the event (print name of participant) _____ suffers any illness or accident requiring emergency treatment, hospitalization, medication, or surgery while participating in activities of First United Methodist Church, I hereby authorize any necessary treatment, hospitalization, medication, or surgery recommended by a licensed physician and approved by the person in charge of the youth activity.

Participant's birth date _____ Email address _____

Parent/Guardian(s) full name _____

Address _____

Telephone Numbers: (H) _____ (W) _____ (Cell) _____

Emergency contact person, phone number & relationship (other than parent/guardian, as a backup contact)

Family Doctor _____ Phone Number _____

Family Dentist _____ Phone Number _____

Insurance Company _____

Policy Number _____ Group Number _____

Telephone Number _____

Known Allergic Reactions _____

Use of hearing aids or contact lenses _____

Serious illness or surgery last four years (explain) _____

Current medication _____

Emotional concerns or other conditions with which leaders should be familiar _____

Parent or Guardian Signature _____ Date _____

Photo Release: I grant permission deny permission for my child to be photographed and to have any photos used in any print or electronic publication created by First United Methodist Church.

Parent or Guardian Signature _____ Date _____