**Asbury Youth Group Permission Form 2021-2022**

**July 1, 2021-July 1, 2022**

**Emergency Contact**

Youth’s Name Date of Birth Grade

Parent/Guardian Name Parent/Guardian Name

Cell Phone Home Phone Cell Phone Home Phone

Address Address

City, ST, Zip City, ST, Zip

**Medical Information**

Physician’s Name Phone #

Insurance Company Policy or Group #

Allergies/Special Health Considerations:

Medications:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent’s/Guardian’s Signature Date

I give permission for my child to participate in Asbury Youth Group activities from July 1, 2021 through July 1, 2022. I release Asbury UMC and individuals from liability in case of accident during activities related to Asbury UMC, as long as normal safety procedures have been taken.

Parent’s/Guardian’s Signature Date

**Website Release**-

Asbury UMC has permission to use my child’s image (without the name) on the church website, livestreaming, Facebook, or on any other published Asbury materials (church flyers, directory, bulletin board, etc…) :

Parent’s/Guardian’s Signature Date