

# HUMYF Activity Permission Form 2011

Harrison United Methodist Youth Fellowship/15008 Lancaster Highway, Pineville, NC 28134

I, being the parent or legal guardian of below named youth, do hereby give permission for my child to participate in below stated trip or activity. My participating child and I hereby release, forever discharge and agree to hold harmless **Harrison United Methodist Church** and its agents in case of personal injury, sickness, death, or personal property damage incurred while said child is participating in the below stated trip or activity. ALSO

I, as parent or legal guardian, do hereby give permission for my child to receive medical attention from licensed medical professionals in case of injury or illness while on the aforementioned trip or activity. I consent to pay all costs and expenses of medical or dental services rendered. Should it be necessary for my child to return home due to medical reasons, I, the undersigned shall assume all transportation costs. ALSO

I, as parent or legal guardian, do hereby give permission for **Harrison United Methodist Church** to use pictures or videos of my child taken at this activity or trip.

HUMYF Event \_\_\_\_\_ Event Location \_\_\_\_\_ Event Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Youth Name \_\_\_\_\_ Youth Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

*By signing above I verify that I have read and agree to the parental liability release and medical release form written above.*

## Medical/Insurance Information:

**Our son/daughter, or ward, is covered by health and accident insurance with the following company:**

Insurance company/Group Plan: \_\_\_\_\_  
(Please attach copy of Insurance Card/Front and Back)

Policy or Group Number: \_\_\_\_\_ Cert. Or ID Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Any Medical Conditions that we need to know about? \_\_\_\_\_

*(Please use the back of this form if further explanation is needed.)*

Any conditions requiring medication? \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Dosage \_\_\_\_\_

**Notary:** North Carolina Mecklenburg County

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that  
\_\_\_\_\_ appeared before me this day and acknowledged the due execution of the forgoing instrument.

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_ (Official Seal)

My commission expires \_\_\_\_\_ 20\_\_\_\_.