



Seymour United Methodist Youth

2017-2018 Permission Form

Youth's name _____

Parent or Guardian Permission

I, _____, hereby acknowledge that I am the parent and/or legal guardian of the above named youth.

By signing below, I am authorizing my youth to participate in any and all youth activities for the years 2017-2018 unless I object otherwise in writing.

Furthermore, in consideration of the above named Youth's participation in the youth activities for the year 2017-2018 sponsored by SEYMOUR UNITED METHODIST CHURCH/YOUTH and of the policies, practices, and interest in the safety and welfare of all participants that are of prime importance to those in authority I hereby release and hold harmless the Church its officers, counselors, advisors, teachers, volunteers, drivers, helpers, directors, and/or leader from any claim whatsoever, resulting from any accident and/or injury to the above named youth during his/her participation in or travel from or to any approved youth activity.

Emergency Authorization

I, _____, hereby give my permission to the medical personnel selected by the Church Youth Director to order X-rays, routine test and treatment for my youth, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected to administer emergency medical procedures including hospitalization and to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my youth. I also give permission for my child to be transported by a private vehicle if necessary.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____