

# COKESBURY STUDENT MINISTRY PERMISSION & MEDICAL RELEASE FORM

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Graduation Yr.** \_\_\_\_\_

I give permission for my child to take part in organized activities sponsored by the Cokesbury UMC Youth program, or a recognized group of the church. I hereby release Cokesbury UMC, its employees, and the chaperones who are acting on behalf of Cokesbury UMC from any claims of negligence or liability for injury, which may occur in connection with the sponsored activity. In the event of a medical emergency, I give permission to the Cokesbury UMC chaperones to seek medical help for my child at the nearest hospital or from a licensed emergency medical technician in the event that I cannot be reached immediately and to utilize the insurance coverage specified on this sheet. I also grant permission for the church to use photographs, video, and/or audio recordings of my child for electronic and print publications.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**NUMBERS WHERE I CAN BE REACHED:** \_\_\_\_\_  
Home Mobile Work

Parent email address (where to send youth info): \_\_\_\_\_

Known medical conditions and allergies: \_\_\_\_\_

Regular medications (prescription & non-prescription): \_\_\_\_\_

## ---INSURANCE INFORMATION---

Youth Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Youth SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address of Youth: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_ Policy holder: \_\_\_\_\_

**For Policy holder**—SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insurance ID#: \_\_\_\_\_ Employer: \_\_\_\_\_

Name, Address, Phone # of Insurance Company: \_\_\_\_\_

Other insurance information: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_