

***United Methodist Church of Vista Youth Ministry
General Permission Form***

I, _____ parent/guardian request that my child _____ be allowed to participate in any outing at any location selected by Ashley Kirkpatrick Youth Director for the duration of time that was posted on youth calendar.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in this activity. In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against The United Methodist Church of Vista, the staff of said church, any volunteers involved, and any designated driver of a van, bus, car or vehicle, for any and all injuries or losses suffered by said child. I further waive and release any and all claims against the owners, leasers or operators of any facilities or homes used for the meetings for any and all injuries or losses suffered by said child.

In case of medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in whatever activity. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult in whose care my child has been entrusted to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

I also give my permission for the use of photographs/video, which may include my child, to be used by The United Methodist Church of Vista for promotional purposes of this event.

Birth date _____ **School** _____ **Grade** _____

Signature of Parent/Guardian _____

Date _____ **Address** _____

City _____ **Sate** _____ **Zip** _____

Home phone # _____ **Parent Cell #** _____

Emergency Phone # _____

Health Information: Name of Family Physician _____

Family Health Insurance Co. _____

Policy # _____ **** Allergies** _____

Current Medications _____

May we give Ibuprofen? _____

**Please return this form to: United Methodist Church of Vista
490 S. Melrose Drive
Vista, CA 92081**