

**Blackman UMC Youth**  
**Permission and Medical Release Form**  
**For All Youth Events, Retreats, Trips, and Meetings**  
**Tennessee-Western Kentucky Conference Conference**  
**Effective Dates: August 13, 2023 to August 13, 2024**

**Please print in ink (both sides/pages must be filled out). Please attach a current copy of insurance card to this form or email a scanned copy to [youth@blackmanumc.com](mailto:youth@blackmanumc.com) or text images to 615-478-2835.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Year In School: \_\_\_\_\_ ( ) Male ( ) Female Student's Cell Phone: \_\_\_\_\_

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

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Would you like to be added to the Youth E-Newsletter mailing list? \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Additional person/people your teen may be released to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Photo Permission:**

You have my permission to photograph my teen, for use by the church, for projects with the teens, I understand it will only be used with a First Name or a First Name Last Initial and never with Both.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Communications Permission:**

By signing below, I am indicating that my teen has permission to communicate with the BUMC Youth Leader(s) via the following (but not limited to) methods: text, email, Facebook, Instagram, Twitter, and any other Social Media that is currently in use by said Youth Group. I understand that I will need to sign off on this annually.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your teen is subject and of which the staff should be made aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Please identify the following areas of concern for this teen. If necessary, add another page with details.

1. For your teen's safety and our knowledge, is your teen a: \_\_\_ Good swimmer \_\_\_ fair swimmer \_\_\_ non-swimmer
2. Does your teen have allergies to: \_\_\_ pollens \_\_\_ medications \_\_\_ food \_\_\_ insect bites
  - a. Please list any know allergies here: \_\_\_\_\_
  - b. Does your teen carry an epipen? \_\_\_yes \_\_\_no
3. Does your teen suffer from, or has ever experienced, or is being treated currently for any of the following: \_\_\_ asthma \_\_\_ epilepsy/seizure disorder \_\_\_ heart trouble \_\_\_ diabetes \_\_\_ frequently upset stomach
4. Is your teen allowed to take any of these meds while on a trip? \_\_\_ Ibuprofen, \_\_\_ Acetaminophen/ Tylenol, \_\_\_ Aspirin, \_\_\_ Dramamine, \_\_\_ Tums, \_\_\_ Gas X, \_\_\_ Benadryl, \_\_\_ Imodium A-D, \_\_\_ Hydrocortisone Cream, \_\_\_ Neosporin, \_\_\_ Sun block, \_\_\_ Eye Drops, \_\_\_ Other
5. Date of last tetanus shot: \_\_\_\_\_
6. Does your teen wear: \_\_\_ glasses \_\_\_ contact lenses
7. Does your teen carry an inhaler: \_\_\_ yes \_\_\_ no
8. Please list and explain any major illnesses the teen experienced during the last year:

Activities may include, but are not limited to, cookouts, boating, fishing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, movies, mission work.

9. Should this teen's activities be restricted for any reason? Please explain:

\_\_\_\_\_ has my permission to attend all teen activities sponsored by the Blackman United Methodist Church, (hereinafter the "Church") from August 13, 2023 to August 13, 2024.

This consent form gives permission to seek whatever medical attention is deemed necessary.

I/We the undersigned have legal custody of the teen named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our teens's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the teen named above. I/We also agree to bring my/our teen home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_