

**NHUMC SuperFLY
Medical/Permission Form
2011 - 12**

I am the custodial parent or legal guardian of _____.

I understand that from time to time as part of my child's participation in normal youth group activities at Normandale Hylands United Methodist Church (NHUMC), my child may require transportation to and from the church through motor vehicles provided or arranged by NHUMC, and may require overnight lodging as appropriate. I permit my child to participate in NHUMC youth activities at my discretion throughout the 2011-12 program year, including those involving travel and overnight lodging.

Signature of custodial parent or legal guardian _____ Date _____

Medical Release Information

Name of Youth _____ Date of Birth ____/____/____

Address (include zip) _____

Phone _____ Email _____

In Case of Emergency:

Contact Name _____ Phone _____

Contact Name _____ Phone _____

Health Information:

Allergies/Special Concerns (please attach an additional sheet if necessary):

Medications Currently Being Taken:

Does your child have your permission to administer his/her own medication? YES NO

I permit the Adult Leaders of SuperFLY Events to give the following to my child for general discomfort:

Benadryl

Ibuprofen

Tylenol

Pepto Bismal

Tums/Maalox

Eye Drops

Cough Drops

Insurance Information:

Insurance Company _____ **Policy #** _____

Name of Doctor _____ **Phone #** _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with the NHUMC youth group, every reasonable effort will be made to contact the persons listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent is given to all accompanying adult volunteer leaders associated with this group to secure proper treatment for my child.

I, the undersigned, authorize the administration of emergency medical treatment for my child. I understand that all reasonable safety precautions will be taken at all times by NHUMC and its agents.

This consent is intended to cover NHUMC youth events from August 2011– July 2012.

Signature of Parent/Guardian _____ **Date** _____