

Emergency Contact Information and Release Form

Cullowhee United Methodist Church

I give permission form my child to participate in CUMC Youth Activities, including being transported by a driver of at least 21 years of age.

Please sign form below and fill in all information.

Child/Youth Name: _____ DOB: _____ Grade: _____
Email address: _____
Parent/Guardian Name (s): _____
Phones: Home _____ Work _____ Cell _____

Emergency Contact Information in the event parent/guardian cannot be reached:

Contact: _____ Relationship: _____ Phone #s _____

Medical Information

Allergies/Medial Issues: _____

Current Medications: _____

My child/youth is allowed to take Tylenol? _____ Ibuprofen? _____ List Other _____

Family doctor: _____ Phone: _____

Medical Insurance Policy and # _____

Name on Policy: _____

Relationship: _____

In the event that my child/youth suffers any illness or accident requiring emergency hospitalization, medication, or surgery while at this Cullowhee United Methodist Church event, I give permission for medical treatment, hospitalization, anesthesia, injections, x-rays and routine tests. I will not hold Cullowhee United Methodist Church, the Waynesville District, the Western North Carolina Conference of the UMC, or any paid or volunteer staff liable in the case of accident, loss or death.

Parent/guardian Signature _____ Date: _____

Behavioral Statement

I will show respect for all in attendance, in particular those in leadership positions. I understand that instructions given by the leaders are for the safety and benefit of all present. I will not use tobacco, alcohol or drugs. I will not bring any weapons of any sort. I will attend all portions of this event with my group. I will respect the facilities being used and will leave them in the condition in which I found them or better. I will observe the curfew set by my leaders. I will wear modest clothing, appropriate of a Christian event. Willful failure to comply with instructions can cause serious problems, and upon consultation with adult leaders, may result in immediate contact of parents to make arrangement for me to be returned home at my parents' expense.

I have read the above paragraph and I agree to be responsible for my behavior in accordance with the guidelines stated above. My parents and I understand violation of the guidelines may result in my being sent home.

Signature of person attending event: _____ Date: _____