

For office use only  
Date registration rec'd \_\_\_\_\_  
Date fees rec'd \_\_\_\_\_ NA \_\_\_\_\_  
Cash \_\_\_\_\_ Check \_\_\_\_\_ SCH \_\_\_\_\_

**Permission and Medical Authorization Form for Youth Ministry Events 2011-2012**  
**Nardin Park United Methodist Church, Farmington Hills, Michigan**

**Student's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Addresses (parents)** \_\_\_\_\_ **(student)** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Birth date** \_\_\_\_\_

The student named above is in good physical condition and has my/our permission to participate in Youth Ministry events, including but not limited to the following:

Conference Youth Rally  
HS Retreat /MS Retreat  
Holiday Parties  
B-1 Famine  
HeartWorks mission/work days and MSSW/SOS/ASP fundraisers and activities  
Scheduled Sunday morning and Sunday evening Youth Programs )

- To be transported and supervised by adults and participate in off-site and local events  
 To self-transport (**passengers must have written permission from both parents to ride with youth driver**)  
 To self-transport including siblings

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of this participation, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting anyone listed, consent and permission is given for treatment by competent medical personnel as authorized by Rev. Susan Youmans.

Further, and unless specified otherwise, consent and permission is hereby given to all accompanying adult leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). The undersigned accepts responsibility for any medical expenses.

\_\_\_\_\_ **Date** \_\_\_\_\_  
(signature / relationship of parents or guardians)

**Insurance company** \_\_\_\_\_

Identification and service numbers \_\_\_\_\_

**In case of emergency contact:**

Name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

Phones: daytime \_\_\_\_\_ evening \_\_\_\_\_ other \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

Phones: daytime \_\_\_\_\_ evening \_\_\_\_\_ other \_\_\_\_\_

**Other relative or responsible person:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phones: daytime \_\_\_\_\_ evening \_\_\_\_\_ other \_\_\_\_\_