

Information & Participation Consent For Children and Youth Ministries

Sycamore United Methodist Church
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 Prince George, VA 23875
 804.541.1181
 Sycamoreumc.com

In order for children or youth to participate in Sycamore UMC ministry activities or trips, this form must be completed and signed by parent(s) or legal guardian(s).

Participant's Full Name and any nickname they go by.	Age	Grade	Phone	Email

Street & Mailing Address:	School(s):
City, State, Zip:	Home Church:

	Mother/ Legal Guardian	Father/ Legal Guardian
Name		
Address (if different)		
Primary Phone		
Secondary Phone		
Email:		

Emergency Contact Person	Relationship	Phone Number(s)

In the space below, please describe any issues, illness or conditions which the ministry team or a treating physician should be aware, and what, if any, limitation for activity or action of protection is required. An additional sheet may be attached if needed. All information will be treated confidentially.

(Please complete and sign the back of this form)

Sycamore UMC Information and Consent Form**Name of Minor(s)** _____

Consent for Participation I/We the undersigned have legal custody of the minor(s) named above and have given our consent for him/her to attend and participate in Children's or Youth events organized by Sycamore United Methodist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastor, 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 child's involvement.

Consent for Transportation I/We give permission for the above named minor(s) to be transported during events as indicated in event communications and in case of emergency. Transportation may be by private vehicle or other conveyance. I understand that there will be supervision for each trip and that all passengers will be required to comply with any rules and instructions for travel. I /we are responsible for transportation to and from any event, and this may be done by youth licensed to drive with my/our permission. I/we also agree to bring my/our minor(s) home at my/our own expense should they become ill or if deemed necessary for any reason by a ministry team leader.

Consent for Medical Treatment I/we authorize first aid to be administered as judged to be needed by ministry staff. In the event that the minor(s) named above is injured and in the opinion of ministry staff requires medical attention, I/we consent to the rendering of routine or emergency medical/dental care necessary to preserve the health of our (my) minor(s), including diagnostic, medical and surgical treatment by authorized members of a outpatient, emergency or hospital staff or their designees, as may in their professional judgment be necessary. In the event treatment is required from a physician and/or hmedical personnel designated by the ministry staff, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Consent for Photography I/We give permission for photographs or video of the above named minor to be taken during Sycamore events. These images could be used in church publications, multimedia presentations, webpage, or to store for the purposes of archiving. Web images will not identify youth by name. No images will be used for commercial purposes.

I/We have provided the above information, have read and consent to my/our minor's participation, transportation, medical care and photography. I/We understand that this consent will apply to all situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect for one year or written revocation is made.

Parent/guardian signature: _____ Date: _____