

**Permission Form and Medical Release: The Congregational Church in Amery  
September 2013 – August 2014**

*Parents: Please complete this form and return it to Stephanie Lechman, Youth Director*

**Participant Information**

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent or Guardian Information**

Parent or Guardian Name(s) \_\_\_\_\_  
Address Information (if different from above) \_\_\_\_\_  
Parent Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_  
Parent E-mail \_\_\_\_\_

**If the parent(s)/guardian(s) named above cannot be reached,  
please list two people to contact in case of an emergency.**

Name of Emergency Contact #1 \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
Name of Emergency Contact #2 \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

**Health Information**

Medical Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_ Policy # \_\_\_\_\_  
Card Holder's Employer \_\_\_\_\_  
Address & Phone of Employer \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please list and describe any special medical conditions (food allergies, other allergies, dietary needs, current medications, other medications, special needs, medical needs, concerns etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus shot \_\_\_\_\_

**Medical Release**

I hereby grant permission for my child to participate in the Congregational UCC in Amery Wisconsin Middle School or High School youth group events. Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

My child may be given acetaminophen, ibuprofen, Tylenol/non-aspirin, over the counter cough medicine, antibiotic ointment, ice for bumps, bruises and twisted joints and chewable antacids if needed. I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent.

Any medical expenses are the responsibility of the participant and their insurance carrier.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***Please attach a copy of your health insurance card to this Medical Release Document.***

**Multimedia Release**

The Congregational Church will occasionally take photographs or videos of our members engaged in church activities. By choosing the appropriate options below you will be either granting or denying permission for the Congregational Church to use photographs and/or videos of yourself and/or your child(ren).

Choose from of the following for yourself and your child(ren), if applicable:

\_\_\_\_\_ **Yes**, I will allow the Congregational Church to use photographs and videos of myself in promotional material, including the Congregational Church website.

\_\_\_\_\_ **Yes**, I will allow the Congregational Church to use photographs and videos of my child(ren) in promotional material, including the Congregational Church website. I understand that my child's name and addresses will not be associated with the pictures. List all names here:

Child #1: \_\_\_\_\_ Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_ Child #4: \_\_\_\_\_

\_\_\_\_\_ **No**, I will not allow the Congregational Church to use photographs or videos of myself in promotional material, including the Congregational Church website.

\_\_\_\_\_ **No**, I will not allow the Congregational Church to use photographs or videos of my child(ren) in promotional material, including the Congregational Church website.

Child #1: \_\_\_\_\_ Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_ Child #4: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Adult submitting the form)