

Glenn Memorial United Methodist Church

**Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and Emergency Medical/
Contact Information for Youth Activities**

Child/Youth name: _____
(Last) (First) (M.I.)

Birthdate: _____

Address: _____
Street City State Zip

Home Phone: _____

Parent(s)/Custodial Adult(s)' Name(s): _____

Parent(s)/Custodial Adult(s) Phone numbers:

Work phone(s): _____

Cell phone(s): _____

In case of emergency contact:

1) Name: _____ **Daytime phone:** _____

Relationship: _____ **Evening phone:** _____

2) Name: _____ **Daytime phone:** _____

Relationship: _____ **Evening phone:** _____

Name and phone number of primary physician: _____

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for Glenn Memorial United Methodist Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care,

Texting and Facebook Permission

In this age of technology we are constantly seeking to find the best ways in which we can communicate. We are interested in texting and using facebook to communicate special events and reminders to the youth.

I/we understand that my child may be contacted by Blair by cell phone text or by Facebook.

I/we **(do)** or **(do not)** give permission for Blair to communicate with my child via cell phone text or I/we **(do)** or **(do not)** give permission for Blair to communicate with my child via Facebook.

Parent/Custodial Adult

Parent/Custodial Adult

Cell phone # of Youth: _____