



EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND ACTIVITIES PERMISSION FORM

As the parent/legal guardian of the following youth:

YOUTH'S NAME _____ Grade (2008-09) _____

Allergies? _____

Medications? _____

Date of last Tetanus/DPT _____ Birthdate _____

Having full confidence that every precaution will be taken to ensure the safety and well-being of my youth during all activities, I hereby give permission for my youth to attend and participate in all activities, including those that take place away from the church, with the Youth Program at First United Methodist Church, located at 801 Main Street, Cañon City, Colorado 81212 and my permission is given for my youth to ride in any vehicle designated by the adult (25 and older for out of town trips and 21 and older for in-town trips) in whose care the minor has been entrusted.

Knowing that, according to Colorado law, no emergency room in Colorado can give treatment to a minor (other than in life-threatening situations) without the consent of a parent or guardian, and wanting to assure that my youth receives the care she/he deserves, I hereby authorize medical and surgical care, treatment, and diagnostic tests deemed necessary in any emergency treatment of my youth. I also agree to be liable and agree to pay all costs and expenses incurred in connection with such services. Should it be necessary for my youth to return home due to medical or disciplinary reasons, I agree to assume all transportation and miscellaneous costs.

I also agree to be liable and agree to pay all repair and replacement costs for damages inflicted upon personal or real property of others by my youth during these events. I also agree to allow my youth to be photographed, with the knowledge of the possibility of that photo being posted in the church or on the church website.

SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME (print) _____

Phone (Daytime) _____ Evening _____

Parent Cell Phone _____ Email _____

Family Physician _____ Phone _____

Health Insurance _____

Insurance Identification # _____ Group # _____