

**PLEASE FILL OUT A PERMISSION FORM FOR EACH CHILD/YOUTH
AND RETURN TO OFFICE OR PLACE ON THE TABLE IN THE GATHERING AREA**

Unity Presbyterian Church
8210 Unity Church Road, Denver, NC 28037
(704) 483-5266 www.unitypres.org

My child, _____, has permission to participate in all activities of the children and youth program of Unity Presbyterian Church, Denver, NC, including all trips and outings, for the program year beginning September 13, 2020 and ending May 30, 2021. I understand that if an accident should occur, all reasonable effort will be made to contact me by the supervising adults(s).

I give my permission for any emergency medical treatment deemed necessary by the supervising adult(s) from Unity Presbyterian Church to be rendered to my child and that such care may be rendered at any hospital, clinic, or other practice deemed appropriate by such person(s) until such time as I am contacted and can accept responsibility for such decisions.

I do/ do not (circle one) give my permission for our child/youth to be photographed/videotaped and have said image uploaded on our church's web site with the understanding that in no way such images will include phone numbers, e-mail or physical addresses. Furthermore, I give permission for these images to be used on the church website, Facebook (without being tagged), church newsletter & other promotional printings.

I do / do not (circle one) give my permission for any minor medical treatment deemed necessary by the supervising adult(s) from Unity Presbyterian Church to be rendered to my child. Such minor medical treatments include, but is not limited to, administering analgesics, bandages, ointments, repellants, and such other minor aid as the supervising adult(s) deem(s) appropriate. Please list below all allergies or any specifications.

Participation Agreement

I acknowledge that participation in some activities involve risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers or any other representatives of Unity Presbyterian Church. Further, the participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of negligence of the activity sponsor, the participant, or otherwise.

(See Reverse Side)

Medical Information Form

Child's Date of Birth: _____

Parent Name: _____

Address: _____

Home #: _____ Work #: _____ Mobile #: _____

Name of Insured: _____ Date of Birth: _____

Insurance company: _____

Policy Number/Group Number: _____

Doctor: _____ Phone: _____

Additional Comments: (allergies, physical limitations etc,) _____

Analgesic of Choice: _____

Signature Parent(s)/Guardian(s): _____ Date: _____