



**Yearly Permission Form
Dickson FUMC Youth**

**PARENT OR LEGAL GUARDIAN OF A MINOR
CONSENT AND HOLD HARMLESS FORM**

PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR – AUGUST THROUGH JULY. IT IS THE PARENT’S OR LEGAL GUARDIAN’S RESPONSIBILITY TO NOTIFY THE YOUTH MINISTER OF ANY CHANGES THAT NEED TO BE MADE DURING THE PROGRAM YEAR.

PROGRAM YEAR: 2019-2020

Child's Name: _____
Date of birth: _____ Sex: _____
Address: _____

Emergency Contact Information:

Name (Relationship): _____
Home Phone: _____ Cell Phone: _____ Alt. Number: _____

Alternate Emergency Contact Information:

Name (Relationship): _____ Phone Number: _____

I, _____ (printed name of parent/guardian) being the parent or legal guardian of _____ (printed name of minor) hereby give my consent for my minor child to participate in youth activities at Dickson FUMC from _____ (date) to _____ (date, not to exceed one year from date of signing.)

I understand that all reasonable safety precautions will be taken by the program leaders during each activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold CHURCH NAME, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Minor child's medical conditions (allergies or other medical conditions) that activity leaders should be aware of: _____

There is a *Permission To Dispense Prescribed Medication* and/or *Permission To Self-Administer Prescribed Medication* and/or *Permission To Dispense Non-Prescription Medication* form/s on file for my minor child.

My minor child should be excluded from the following activities: _____

Signature of parent/guardian: _____ Date: _____