

# Covenant United Methodist Church Youth Parent Permission and Medical Consent Form

We the undersigned are the parents, the parent(s) having custody, or the legal guardians of \_\_\_\_\_, a minor and have given our consent for him/her to attend/participate in this event/trip, being operated by Covenant United Methodist Church (CUMC) of Dothan, AL. We agree to hold such persons and CUMC free and harmless of any claims, demands, or suits resulting from this event/trip. In the event that he or she is injured while participating on this event/trip and requires the attention of the camp doctor, or other medical professional we consent of any reasonable medical or dental treatment as deemed necessary by a licensed physician or dentist. In the event treatment is called for which a physician or dentist refuses to administer without our consent, we hereby authorize the group leader of CUMC to give such consent for us if we cannot be reached by telephone at one of the numbers indicated below, or because of an emergency, there is not time to make a telephone call. In the event it becomes necessary for the group leader to give consent for us, we agree to hold them and CUMC free and harmless of any claims, demand or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician or dentist.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date signed

My commission expires \_\_\_\_\_

Seal of Notary

***(Please include a copy, front and back of insurance card.)***

## **Photo Release**

I give Covenant United Methodist Church the right to use my child's photo on any and all church related materials, web pages, advertisements, or bulletin boards.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date signed