

UNITED METHODIST CHURCH OF VISTA
AUTHORIZATION AND RELEASE FORM

Today's Date: _____ This form will be kept for one year from this date.

Name of Youth: _____ Sex: _____ Age: _____ Birth Date: _____

Name of Parent/Guardians: _____

Numbers where Parent/Guardians may be reached: Day: _____ Night: _____

Weekend: _____ Cell: _____ EMAIL: _____

Other Emergency Name: _____ Number: _____

Person who will normally pick up youth Name: _____ Number: _____

List ALL of your youth's allergies: _____

List ALL of your youth's medication taken on a regular basis: _____

Physical Limitations: _____

Medical Insurance Co: _____ Policy No. _____

COVENANT OF CONDUCT

In all meetings, retreats, or other events under the sponsorship and or guidance of my church, I am a representative of the United Methodist Church and I am responsible for my actions. I understand that the following guidelines will be followed.

1. All conduct shall be in keeping with Christian regard and respect for all persons.
2. All individuals will be expected to participate in group activities.
3. All dress shall be in good taste.
4. The area/areas used for the meeting, retreat or other event shall be left clean.
5. The illegal use of drugs, and the use or possession of alcoholic beverages shall be prohibited

I _____, have read and understand the Covenant of
(Youth Name)

Conduct above and agree to abide by it.

(Signature of Youth) Date: _____

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Continued

To whom it may concern: _____ has my/our
(Name of Youth)

permission to go on retreats, trips, and other off site events in conjunction with the Youth Ministry of the United Methodist Church of Vista. Please seek any Medical assistance needed while he/she is with this group.

I/We _____ the Parent(s) or Guardian(s) of,
Name of Parent(s) or Guardian(s)

_____ a minor, do hereby authorize adult
(Name of Youth)

workers with youth from the United Methodist Church of Vista, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

I/We have read and understand the above document. By signing this document, I/we release the United Methodist Church of Vista from any and all liability from personal injury or damage to property.

Signature of Parent(s) or Guardian(s) Date Relationship to minor

Contact Information

Person to call first after emergency care has been authorized.

Name _____ Cell Phone: _____

Home Phone _____ email _____