



Mount Carmel United Methodist Church Youth Group

Parent's Consent to Activity or Trip

I hereby consent to my son's or daughter's participation in the activity or trip identified below and waive all claims against its leaders and/or against the officers, employees, agents, and representatives of the Mount Carmel United Methodist Church in connection with any occurrence in the course of this activity or trip.

In the event my son or daughter should require medical attention and/or treatment during the course of this activity or trip, and after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner, I hereby give permission to any hospital, physician, and/or other appropriate health care provider selected by an adult leader of the activity or trip to undertake any form of medical treatment considered necessary or appropriate by such provider in such event.

*(activity or trip)

*(date of activity or trip)

(name of child)

(name of parent signing below)

(street address)

(city, state, and ZIP code)

(home telephone)

(work or cell telephone- please circle)

(health insurance company)

(policy or group number)

(allergies)

(medications)

*(parent's signature)

*(date)

*These fields must be filled out properly for each individual activity. Parental signature must be hand-written.