Grace United Methodist Church
YOUTH MEDICAL AND MEDIA CONSENT FORM
VALID
Sept 1, 2026 - Aug 31, 2027

Youth's Name:_____ Birth Date:_____ Grade:_____

Address:_____ Phone Number:_____

Emergency Contacts

EMERGENCY CONTACT 1

Name:_____ Relationship:_____

Address (if different from youth):_____

Home Phone Number:_____ Work Phone Number:_____

EMERGENCY CONTACT 2

Name:_____ Relationship:_____

Address (if different from youth):_____

Home Phone Number:_____ Work Phone Number:_____

EMERGENCY CONTACT 3 (optional)

Name:_____ Relationship:_____

Address (if different from youth):_____

Home Phone Number:_____ Work Phone Number:_____

EMERGENCY CONTACT 4 (optional)

Name:_____ Relationship:_____

Address (if different from youth):_____

Home Phone Number:_____ Work Phone Number:_____

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Youth's Name: _____ Birth Date: _____ Grade:_____

Parent/Guardian's Name: _____

Medical Information

Are there any special medical needs or allergies? (Specify)_____

_____

Are there any required medications or special foods? (Specify)_____

_____

I, _____, have read this form and confirmed the information entered. I accept the terms and conditions as stated in the *Youth Behavioral Covenant.* I give permission for my child to participate in youth activities under direction of the Youth Staff, both within and outside of Church grounds. I also give permission for the Youth Staff to authorize medical treatment for my child in case of emergency, by and under the recommendation of qualified medical personnel.

_____ _____
(signature of parent or guardian) (date)

Media Release

I give Grace United Methodist permission to post pictures of me/my child taken at youth events on bulletin boards within the church. (Please check)

Parent ____Yes ____No ***Youth*** ____Yes ____No

I give Grace United Methodist permission to post pictures of me/my child taken at youth events on the Church Webpage. (Please check)

Parent ____Yes ____No ***Youth*** ____Yes ____No

I give Grace United Methodist permission to send pictures to the newspaper for the purpose of publicity. I understand that if names are used, only my/my child's first name will be appear. (Please check)

Parent ____Yes ____No ***Youth*** ____Yes ____No

_____ _____
(signature of parent or guardian) (date)