

Crestwood United Methodist Church
Offsite Permission, Medical Release and Photo/Video Release
7214 Kavanaugh Rd. Crestwood KY 40014
(502) 241-8984

PLEASE PRINT NEATLY

Youth/Child's Full Name: _____

I give my consent for the Crestwood Youth or Children's Group Counselors, Staff and Chaperones to take my child listed above on off-site outings and trips including transportation in church-owned or personally-owned vehicles.

I give my consent to the Crestwood Youth or Children's Group Counselors, Staff, and /or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical treatment for the above named child:

Name of Parent or Legal Guardian: _____

Relationship to Youth/Child _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Name and Phone Number: _____

HEALTH INSURANCE INFORMATION:

Company: _____ Policy #: _____

Address: _____ Employer: _____

MEDICAL INFORMATION:

Local Doctor Name and Phone #: _____

Allergies: _____

Medications Being Taken: _____

Any other significant information: _____

Hospital Preference (If Applicable): _____

I also give permission for my child to be shown in photos and videos. These photos and videos can be used to share about the trip and to promote Crestwood's ministries.

Signature of Parent or Guardian: _____

Date: _____ (this authorization is effective for one year from date of signature)