

**ASBURY UNITED METHODIT CHURCH
YOUTH ACTIVITIES
PERMISSION SLIP**

Student Name: _____ Age: _____

Contact Name and phone number(s): _____

Event Name: _____ Date(s): _____

Authorized Adult on Trip: _____ Cost: \$ _____

Are there any changes on your Student's Information Form or Health Questionnaire? (i.e. Insurance info, health concerns, address, phone number)

The information I have provided by my written word is correct to the best of my knowledge. My Student has my permission to engage in this Asbury Youth Ministry Event and agrees to participate fully in the features of the program and to cooperate in maintaining an atmosphere of Christian fellowship. I have completed a health questionnaire. I, the undersigned, give my authorization to the physician selected by Asbury United Methodist Church, or its representatives, to order X-rays, routine tests and treatment for the health of the above named participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Asbury United Methodist Church, or its representatives, to hospitalize, secure proper treatment for and to order injections, anesthesia and/or surgery for my Student as named above. Further, I hereby release Asbury United Methodist Church, and its representatives, of any and all liability associated with possible injuries incurred during this Event.

(Complete the following section only if applicable.)

PERMISSION TO WITNESS AND ASSIST THE SELF-ADMINISTRATION OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION

As the parent or guardian of the Student named above, I hereby acknowledge that my Student will be responsible to self-administer the prescription or over-the-counter medication, which he/she brings with him/her to this Event. I accept responsibility for providing a sufficient amount of medication for the duration of the Event and for accurately informing the Student and Authorized Adults of instructions for self-administration.

I acknowledge no Event personnel can administer any prescription or over-the-counter drug, but can only assist with self-administration. Assistance with self-administration means helping with one or more steps in the process of taking medications, but not the actual administration. Assistance may, but does not necessarily, include opening the medication container, reminding the Student of the proper time to take the medication, helping to remove the medication from the container and returning the medication to proper storage.

I hereby release Asbury United Methodist Church, and its representatives, from any and all liability associated with the self-administration of prescription or over-the-counter drugs taken by my Student.

Parent/Guardian

Date

Student

Date