

**Parental Consent and Release Form
2009-2010**

The undersigned do hereby give permission for our (my) child _____,
(Youth's Full Name)

to attend and participate in activities planned and produced by the Petoskey United Methodist Church, Petoskey, Michigan, during the year of September 2009 through December 2010.

Permission is given as an umbrella to cover all local activities, including overnight events at Petoskey United Methodist Church, other local churches, or youth member's home. In addition, the undersigned does hereby give permission for our (my) child to ride in any vehicle designated and approved by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Petoskey United Methodist Church in Petoskey, Michigan.

Finally, my permission is given for our (my) child to travel to, and participate in, overnight activities taking place outside our community (i.e. Retreats, Camps, Conferences, etc.) Such permission includes travel to and from location, as well as participation in event's activities. Permission for any overnight activity is subject to the fact that my signature (or other legal guardian's) must appear on the back of this document next to the date of the intended overnight event.

In case of medical emergency and inability to contact guardian or designated persons, during any event sponsored by the Petoskey United Methodist Church in Petoskey, Michigan, we (I) authorize the adults, in whose care the minor has been entrusted to seek immediate medical attention, and to consent to any medical diagnosis, or treatment, to be rendered to the minor under the general or special supervision, and on the advice of any licensed physician or dentist. The undersigned shall be liable and agrees to pay all cost and expenses incurred in connection with such medical emergency.

Signed: _____ Home Phone No.: _____
(Parent/Legal Guardian)

Address: _____ Birthdate: _____ Grade _____

Youth email address: _____ Youth Cell Phone No.: _____

Parent email address: _____ Parent Cell Phone No.: _____

In Case of Emergency (when Parent/Legal Guardian cannot be reached) contact:

(Emergency Contact Name) (Relationship) (Telephone No.)

Health Insurance Company: _____

Policy No: _____

Allergies? _____

Any Restrictions? _____

