

Bethesda UMC Children's Ministries

2024 Children's Event and Overnight Trips Permission Form

Participant's Name(s): _____

Birth Date(s): _____

Participant's Guardian Name(s): _____

In Case of Emergency, please contact _____ at (#) _____

Parent Email: _____

GENERAL RELEASE:

I/We hereby grant permission for my/our student _____ to participate in BUMC Children's Ministry trips and events during 2024 that they are signed up to attend. I understand that signups will be posted if necessary and included in email correspondence throughout the year. I understand that a deposit will secure my student's place on a trip or event. I understand that it is my responsibility to set up a payment plan for a retreat/event in the event I am unable to pay on the suggested time schedule. My student has permission to attend events on and off site with licensed and insured drivers. I/We understand that my student may be transported by a licensed and insured adult to and or from an event or retreat. We recognize the importance of the commitment that he/she makes and that their participation as a part of a larger community calls for responsible behavior. Therefore, I/we agree that if this student engages in behavior which, in the judgment of the adult leaders, is not in the best interest of the trip or event, our/my student or any member of the group may, therefore, be sent home. I/We will assume full legal and financial responsibilities for such a return trip.

I/We hereby release Bethesda UMC from any liability and all its personnel, employees, adult leaders and volunteers from any claims for unintended or unexpected accidents which might occur during participation in group events or traveling to or from said events.

Parent Signature _____ Date _____

PHOTO RELEASE:

Bethesda UMC has Social Media Accounts where photos and videos from Children's Ministry events are periodically published. We also have church bulletin boards where we sometimes post photos from events.

Initial one:

_____ Yes, you can use pictures and videos of my student.

_____ No, please do not print or publish photos of videos of my student online or in church-related publications.

CHILDREN DRIVING PERMISSION:

Bethesda UMC can transport children in cars with only one adult and a dash camera that records the inside of the vehicle along with audio. The first child to be picked up must sit in the rear seats and the vehicle will be filled up from the rear to the front.

Initial one:

_____ Yes, my child may be transported in this manner for an event. I understand that when in use, the church and its employees/volunteers are not responsible for unintended or unexpected accident or injury in a vehicle. In such regard, I/We specifically release and will hold harmless Bethesda UMC, employees, and volunteers from any liability which may arise from such transportation.

_____ No, my child may not be transported in this way.

CHILDREN HEALTH INFORMATION:

Does this participant have any physical, psychiatric, emotional or behavioral conditions of which the Children’s Ministry advisor should be aware _____

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

Allergies to drugs? _____

Allergies or special diet? _____

Participant’s Primary Physician Name and Phone Number: _____

***Please make a copy of the insurance card available to Children’s Ministry Director ***

PARENT / GUARDIAN AUTHORIZATION:

This health history is correct as far as I know. I understand that it is my responsibility as the guardian of this student to make a Bethesda UMC staff member aware of any necessary changes to this form, health history, or media release. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of Bethesda UMC and adult leaders to take whatever steps they deem necessary to ensure the wellbeing of my student should a medical emergency occur during a children’s meeting/activity. Every attempt will be made to contact the student’s caregivers and/or emergency contact provided.

I, _____ do hereby authorize Bethesda UMC Children’s Ministry to take necessary emergency measures in the treatment of (participant): _____ if needed. My student is in good physical health and does not have any conditions or disabilities which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by Bethesda UMC to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my student named above.

Signature of Parent / Guardian and Date