



*First Farragut*  
UNITED METHODIST CHURCH

**2020-2021  
School Year**

## **Youth Permission Form and Covenant**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Numbers: \_\_\_\_\_

Parent(s) / Guardian(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Youth Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

### **Medical Information**

List any current medication: \_\_\_\_\_

List any allergies (including medicines): \_\_\_\_\_

Date of Last Tetanus Booster Shot: \_\_\_\_\_

Physician and Phone No.: \_\_\_\_\_

My child has permission to take Tylenol / Advil. \_\_\_\_\_ Yes \_\_\_\_\_ No

### **Insurance Information**

I am covered by an insurance policy. \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

# Medical Treatment and Liability Release

I, the undersigned parent or guardian, grant permission for my child, \_\_\_\_\_ to participate in Youth Group activities sponsored by First Farragut United Methodist Church (FFUMC). I release FFUMC from any and all liability for personal injury to, or caused by, my child, and for all property damage. We assume all risk of such injury or damage and will hold FFUMC harmless from all loss and damage whatsoever, except for loss and damage caused by the gross negligence of FFUMC. In order for my child to receive any necessary medical treatment from medical staff and/or staff physicians of hospitals and/or clinics in case of injury or illness, I hereby authorize the youth counselors of FFUMC, Knoxville, Tennessee to obtain any medical treatment for my child and hereby release any responsibility for the same youth counselors. Payment of any medical bills will be paid by me or my insurance company.

\_\_\_\_\_  
Signature of Parent / Guardian      Date      Parent / Guardian's Name (Printed)

\_\_\_\_\_  
Home Phone Number      Office Phone Number      Cell Phone Number

## Emergency Information

Persons to Contact and Phone numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Covenant Agreement

I commit myself first to God, then to my youth group. I accept responsibility for myself. I pledge to act responsibly, to think about consequences, and to do only those things which would reflect in a positive way upon myself, my youth group, my church, and my family. I know I am an important part of this Youth Group. It is important for me to listen and participate appropriately. I believe that this Youth Group is important for me to understand who God, my Father; desires for me to be; and who God, my friend, desires for me to be in my relationships with my friends and family. I understand that the rules we have are to provide a safe environment in which we draw closer to the presence of God and friends. I will abide by all rules and understand there will be consequences for any rules broken.

\_\_\_\_\_  
Youth Signature      Date      Parent / Guardian Signature      Date

Please check one of the following:  
 I grant FFUMC permission for the use of photos of my child to be used in printed and electronic media.  
 I **DO NOT** grant FFUMC permission for the use of photos of my child to be used in printed and electronic media.