

**Youth Ministries of Central United Methodist Church of Asheville, Inc.**

27 Church St. | Asheville, NC 28801 | 828-253-3316 | fax 828-254-8796 | centralumc.org

**YOUTH**  
**Valid: May 1, 2023**  
**- May 1, 2024**

**Parental Consent, Certification, Medical Authorization**

Parents and legal guardians of a minor child are asked to complete this form and return it to the Youth Ministries office. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Mother: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Medical Insurance Co.: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_  
Insured's ID #: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_  
IN CASE OF EMERGENCY IN WHICH THE PARENT(S) CANNOT BE REACHED, PLEASE CALL:  
Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**MEDICAL INFORMATION**

List ALL health restrictions or concerns (i.e. allergies, injuries, surgeries):  
\_\_\_\_\_

List ALL medications to be taken and times to be taken (send in original containers):  
\_\_\_\_\_

List ALL physical limitations that would prevent him/her from participating in normal rigorous activities:  
\_\_\_\_\_

Can student swim? \_\_\_\_\_ Date of last tetanus shot (must be within 10 years): \_\_\_\_\_

Any diet restrictions? \_\_\_\_\_

Adult leaders at CUMC have my permission to administer: \_\_\_ Ibuprofen (Advil) \_\_\_ Acetaminophen (Tylenol)  
\_\_\_ Other \_\_\_\_\_ at the discretion of an adult as deemed necessary for the student.

**PERMISSION AND RELEASE**

**Consent and Certification:** Central United Methodist Church of Asheville, Inc. sponsors various activities for its youth. I give permission for my youth to participate in any church-sponsored activity that my youth attends. I further give permission for my youth to ride with a driver who has been certified through the church during those activities. I understand that with any activity, including transportation, there is the chance of injury to person or damage to property. Notwithstanding that risk, I release, relieve and hold harmless Central United Methodist Church of Asheville, Inc., its employees, members, and volunteers (including drivers) from any and all liabilities, including liability resulting from injury to person or damage to property, arising out of my youth's participation in a church-sponsored activity, including transportation provided by a church certified driver. It is not unusual for youth to ride with their peers who are licensed to drive. I understand and agree that the driver's personal auto insurance policy is primarily responsible for injuries or damages resulting from any child riding with their peers to or from Church activities. I agree to be responsible for transporting my youth to and from church events if I do not want them riding with their peers.

I understand that my youth may be photographed, and that these photographs may be included in publications and web sites of Central United Methodist Church of Asheville, Inc.

**Medical Treatment Authorization:** I understand that I will be notified in the case of a medical emergency involving my youth. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my youth is injured or becomes ill. I understand that the Church will not be responsible for medical expenses incurred but that it will be my responsibility as parent/guardian. I hereby release the Church, its staff and volunteers of any liability in the event of accident or injury. I agree to notify the Church in the event of any health changes which would restrict my youth's participation in any activities. I also understand that the adult supervisors reserve the right to restrict my youth from any activities that they do not feel is within the physical capabilities of my youth.

\_\_\_ I have read and agree to these terms and give my permission and consent Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_