



Lacey United Methodist Church

P.O. Box 151 203 West Lacey Road Forked River, N.J. 08731 Office - 609.693.5222

YOUTH GROUP/CONFIRMATION CLASS - PARENTAL PERMISSION AND MEDICAL RELEASE

I, _____, a parent or legal guardian of _____, do hereby grant permission for her/him to participate in all activities related to LUMC Confirmation Class/ Youth Group 2021-2022. She/He has my permission to travel with Youth Group Leaders on scheduled field trips (with advance notice).

I agree that the adult team members have my permission to make decisions (in loco parentis) concerning the welfare of my child. Permission includes, but is not limited to, medical care, hospitalization and any emergency treatment **in the event I am unavailable**. Furthermore, I will not hold Pastor Jonathan Campbell, and/or the Youth Group Team or Lacey UMC liable for any said decisions.

Adult leadership team must be made aware of any medications, including over-the-counter medications being taken by my child and any allergies.

Signature of Parent/ Guardian

Date

*I give permission for Lacey United Methodist Church to use any photographs/videos, which may feature my child, made during Youth Group and/or Confirmation Class in newsletters, PowerPoint, LUMC website and/or social media.

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY NUMBER _____

EMERGENCY CONTACT _____

FATHER'S NAME _____ PHONE _____

MOTHER'S NAME _____ PHONE _____

MEDICATIONS _____ ALLERGIES _____

PEDIATRICIAN NAME/NUMBER _____

MEDICAL RESTRICTIONS _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE(S) _____

EMAIL _____ CHILD'S BIRTH DATE _____

GRADE _____ SCHOOL _____

NAMES OF ADULTS WITH **PERMISSION** TO PICK CHILD UP IN MY STEAD _____

NAME OF PERSON(S) **RESTRICTED** FROM PICKING UP MY CHILD _____