

Michiana Youth Ministries, Inc.

52726 W. Cypress Circle, South Bend, IN 46637

Love Of God / C.A.S.T.L.E.

PERMISSION FORM / MEDICAL RELEASE

I hereby give my permission for my child to participate in youth activities sponsored by the Michiana Youth Ministries, Inc. **for the program period beginning on the date this form is signed and continuing for one calendar year.**

Child's Name _____ Date of Birth _____

Parent / Guardian's Name _____

Parent / Guardian's Address _____

Parent / Guardian's email address _____

Father's home phone _____ Father's cell phone _____

Mother's home phone _____ Mother's cell phone _____

Emergency phone _____ Family Doctor _____ Phone _____

PLEASE NOTE: THE PARENT OR GUARDIAN OF THE YOUTH PARTICIPANT WILL BE RESPONSIBLE FOR ANY ACCIDENT OR INJURY RESULTING IN THE NEED FOR MEDICAL SERVICES.

Name of insurance carrier _____ Name on policy _____

Policy # _____ Group # _____

Any drug/food allergies _____ Last tetnus/toxoid shot _____

Recent illness/operation info _____

Medication presently taking _____

Any other important information that we should know: (use back if necessary)

In the event of an emergency when parents can not be contacted, I hereby authorize the M.Y.M. Leaders to secure the services of a physician and/or dentist who may hospitalize, secure proper treatment for, use ambulance, and order injection, anesthesia, or surgery for the above named minor. It is understood that this authorization is given in advance of any emergency situation, but is given to provide the authority and power to the M.Y.M. Leaders to give specific consent to any and all such diagnosis, treatment or hospital care that may become necessary. I also give my consent for the M.Y.M. leaders to take photographs of my child and/or record my child's voice while speaking or singing during normal program activities for use in promotional and publicity endeavors for M.Y.M Inc

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Questions? Contact Rev. Terry McBride
(574) 252-5464 (office) (574) 274-5990 (cell)
email: terry@michianayouth.org

Please return this form to Michiana Youth Ministries as soon as possible. It will be kept on file and will apply to any and all activities in which your child participates.