

Simi Valley United Methodist Church
2394 Erringer Road, Simi Valley, CA 93065
(805) 526-6231

Parent Consent Form and Emergency Medical Release
to be completed and signed by parent/guardian.

Name of Activity or Event: **HALLELUJAH JUBILEE at Magic Mountain**

Date of Event: **Saturday, September 25, 2010** Cost: \$30 per person

Time: Leave church at 9 a.m. - Return at 11 p.m. Needs: Money for food and souvenirs

My son/daughter, _____ has my permission to participate in the activity listed above, sponsored by The United Methodist Church, Simi Valley, CA, being held on the date(s) listed above. I do further give my permission to counselors, leaders or other adult staff to obtain and administer medical aid as might be required for the immediate care of my son/daughter in the event such help of an emergency nature becomes necessary. I also give my permission to include the administration of such medicines or treatment as might be ordered or administered by a duly licensed physician. It is further understood that the United Methodist Church of Simi Valley, CA its officers, ministers, counselors, leaders or agents will not be held liable for any first aid rendered, or treatment, drugs or medicines administered, or surgical procedure performed pursuant to this consent.

Parent/ Guardian Signature _____ Date _____

Name _____ Phone# _____ cell# _____

Address _____ Zip Code _____

1) My son/daughter has the following **ALLERGIES**: *(include food allergies)*

2) My son/daughter has the following **MEDICAL CONDITIONS**:

3) My son/daughter will need to take these **MEDICATIONS** during this activity: *(include administration time/ dose)*

Emergency Contact Person and Phone Number if you are unavailable:

Name _____ Phone _____

Relationship _____

Emergency Contact Person and Phone Number if you are unavailable:

Name _____ Phone _____

Relationship _____

Insurance Information *(to be used only if you cannot be reached by phone):*

Health Insurance Company _____

Policy # _____ Group # _____

I give my permission for the counselors/youth director to provide my child with over-the-counter medications such as Tylenol or Advil, should that be needed while in their care.

Parent Signature _____

Please list any over the counter (OTC) medications we should **NOT** give your child:
