

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:** HALLELUJAH JUBILEE at Six Flags Magic Mountain

**Dates of Event:** Saturday, September 17, 2011

**Meet at church:** 9:30 a.m. (leave at 9:45 a.m. sharp) **Estimated return:** 10 - 10:15 p.m.

**Cost:** \$30.00 per person (\$25.99 ticket cost, plus \$\$ to help cover parking costs)

I, the undersigned parent or guardian of \_\_\_\_\_ [Name of Youth] a minor, do hereby authorize pursuant to Family Code Section 6910 any adult leader of the above named activity sponsored by The United Methodist Church, Simi Valley as agent for the undersigned to consent to medical care, including x-ray examination, anesthetic, medical, or surgical diagnoses or treatment and hospital care, under the general or special supervision of, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practices Act. I further agree to release and hold harmless and indemnify The United Methodist Church, Simi Valley, event staff, and their boards, officers, members, clergy, staff, agents, and volunteers from any and all claims, losses, costs, obligations, and liabilities for injuries to said minor or for damages to or loss of property from any alleged negligence, fault or legal liability of The United Methodist Church, Simi Valley, event staff, and their boards, officers, members, clergy, staff, agents, and volunteers. This authorization shall be effective \_\_\_\_\_ (date) inclusive. A photocopy or other reproduction of this authorization shall be considered as original. I hereby authorize The United Methodist Church, Simi Valley to take photos and videos during the event which may later be used for marketing and promotional purposes. (If you would not like your child appearing in any of these materials, please request in writing to: The United Methodist Church, Simi Valley c/o Youth Ministries Department, 2394 Erringer Road, Simi Valley, CA 93065, or by email: [svumc@pacbell.net](mailto:svumc@pacbell.net))

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

Phone # \_\_\_\_\_ cell # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

2) My son/daughter has the following MEDICAL CONDITION(S):

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

I give my permission for the event staff 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: