

**2010 LAKE TRAVIS UNITED METHODIST CHURCH
AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Youth Name: _____ Email Address: _____
 Parent's Email: _____ DOB: _____ Age: _____ Grade: _____
 Address: _____ Zip: _____ Home Phone #: _____
 Father/Guardian's Name: _____
 Work #: _____ Alt. #: _____
 Mother/Guardian's Name: _____
 Work #: _____ Alt. #: _____
 Close Relative or Friend: _____ Home #: _____ Alt. #: _____

Any known allergies requiring special attention: _____
 Medical History: _____
 Date of last Tetanus shot: _____
 Current Medications, dosage & use: _____
 Physician: _____ Phone: _____
 Dentist: _____ Phone: _____

Health Insurance Company: _____
 Group/Policy #: _____ Phone #: _____
 Name of Primary Card Holder _____ DOB of Primary Card Holder: _____

Please initial the following:

_____ I hereby give consent to any of the LTUMC staff and/or volunteer staff to seek emergency medical treatment for my child named above in the event of an emergency and in my absence. While understanding that all reasonable safety precautions will be observed, I understand the possibility of unforeseen hazards and the inherent possibility of risk. I voluntarily agree not to hold legally liable LTUMC, any of its employees, volunteers, or other representatives associated with providing or arranging for emergency medical treatment for my child.

_____ I hereby grant permission for LTUMC Adult Sponsors and Leaders to administer non-prescription, over-the-counter medication and prescription medication to the designate youth when such medication is brought in the original prescription container.

<u>Product</u>	<u>Contains</u>	<u>Purpose</u>	<u>Circle One</u>
Tylenol	Acetaminophen	Pain Relief	Yes / No
Advil	Ibuprofen	Pain Relief	Yes / No
Benadryl	Antihistamine	Allergic Reaction	Yes / No
Benadryl Cream			Yes / No
Antacid Tablets	Calcium Carbonate	Indigestion	Yes / No
Immodium AD	Loperamide Hydrochloride	Diarrhea	Yes / No
Pepto Bismol		Upset Stomach	Yes / No

Other: _____

_____ I hereby grant permission for my child to participate in all of the activities of the church.

_____ I hereby grant permission for my child's picture to be taken by LTUMC employees, volunteers, or other representatives associated with church events & activities on and off the church premises to be used in church newsletters, brochures, displays, and web pages.

_____ I personally accept the risks and hazards associated to my participating in this activity. I hereby release and forever discharge Lake Travis UMC, its officers, employees, representatives and agents from any liability whatsoever arising from all 2010 activities.

Signature of Parent/Guardian: _____ Date: _____

COVENANT OF CONDUCT
FOR YOUTH GROUP, SUNDAY SCHOOL, BIBLE STUDY, OUTINGS, & RETREATS

1. Have fun!
2. Be at all events ON TIME, stay for the duration of the event, don't leave the designated areas for the event, and participate fully in all activities planned.
3. Respect the physical and emotional well being of other youth and adults by "doing unto them as you would have them do unto you."
4. Respect the property of the places that we visit, the church property, and the property of other people.
5. Listen, respect, and follow the word of your adult counselors and leaders and report any injury or illness immediately to them.
6. Respect the health of your body and others by not possessing or using any kind of marijuana, tobacco, alcohol, pills, or other illegal substances unless it is a prescription drug and written permission has been granted by parent or legal guardian.
7. Possession of or use of any fireworks, firearms, or other weapons is prohibited at any church related activity.
8. Do not engage in any inappropriate sexual behavior. You will not be with the opposite sex in the opposite sex's room, when on overnight functions.
9. Always remember who you are in Christ, and act and dress accordingly. Clothe yourself with Christ. Remember you represent Lake Travis United Methodist Church.

In the case of any misconduct, the adult leaders reserve the right to call parents and send youth home at the expense of the parents. The signatures below indicate that all understand the program and commit to having the most positive experience.

Signature of Youth _____ Date _____

I hereby certify that I have read and fully understand all the permission I grant to LTUMC and the Covenant of Conduct.

Signature of Parent/Guardian _____ Date _____