

**Jones Memorial United Methodist Church**  
**PARENT/GUARDIAN PERMISSION FORM**

Family Member who may be contacted in case of an emergency to authorize medical treatments:

Name	Daytime Phone	Alternate Phone	Relationship
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Child(ren)/Youth Names Name	Age	Grade Level
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Youth Activities

I (we) give permission for my youth/child to attend and participate in all activities sponsored by the Children/Youth Ministry of Jones Memorial UMC. I (we) give my permission for authorized sponsors to lead, chaperon my child/youth in accordance to our church's safe sanctuary policy. (THE POLICY IS AVAILABLE UPON REQUEST.)

Initials \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

I (we), the parent(s), legal guardian(s), or the child(ren)/youth named above, knowingly release, absolve, IMDEMNIFY, AND HOLD HARMLESS Jones Memorial UMC, as well as its employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), when in any way they relate to or arise from the child(ren)/youth activities at or sponsored by Jones Memorial UMC.

In the event the child(ren)/youth named in the above is/are injured while in the care of Jones Memorial UMC and require(s) the attention of a doctor, I (we) hereby consent to any reasonable medical treatment as deemed necessary by a **licensed physician**. **In the event treatment is called for which a physician and/or hospital employee refuses** to administer without consent, I (we) hereby authorize the responsible child(ren)/youth leader and/or representatives of Jones Memorial UMC to give consent for me(us) if we cannot be reached by telephone at one of the numbers listed above, or because of an emergency, where there is not time or opportunity to make a phone call. In the event that it becomes necessary for one of those persons to give consent for us, we agree to hold such person, as well as Jones Memorial UMC, free and harmless and agree to INDEMNIFY such persons, as well as Jones Memorial UMC, from any claims, demands, or suits for **damages (INCLUDING CLAIMS OF NEGLIGENCE)** arising from the giving of such consent, as long as the treatment is administered by or under the **supervision of a licensed physician**.

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

\_\_\_\_\_  
Date