

# LAKERIDGE UNITED METHODIST CHURCH - YOUTH PERMISSION RELEASE FORM

I give my minor child, \_\_\_\_\_, full consent to attend a LakeRidge United Methodist Church event. It is my understanding that the staff and volunteers of LakeRidge United Methodist Church will take all of the necessary precautions to ensure the safety of my child. I do hereby release the above stated organization from any legal or financial obligation due to the injury of my above named minor.

## Parent/legal guardian information

Father \_\_\_\_\_ Hm# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk# \_\_\_\_\_

Address: \_\_\_\_\_

Mother \_\_\_\_\_ Hm# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk# \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Youth Address \_\_\_\_\_ Youth Cell # \_\_\_\_\_

Cell Phone provider for family: \_\_\_\_\_

## Alternate person to contact in case of emergency if parent can't be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Hm# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Hm# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk # \_\_\_\_\_

**MEDICAL EMERGENCY SERVICES ALLOWANCE RELEASE:** In the event that my minor child has need of medical attention, I do hereby give my permission for the staff and sponsors of the LakeRidge United Methodist Church to seek such help including emergency surgery if the particular medical emergency warrants. I understand that every effort will be made to contact me or my alternate responsible party prior to emergency surgical procedures, unless the particular situation does not allow due to the threat of loss of life.

## MEDICAL HISTORY/KNOWN ALLERGIES TO FOOD, DRUGS, BEE STINGS, ETC.:

\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed please use back of sheet)

## LIST ALL MEDICINE CURRENTLY TAKING AND WHAT MEDICAL CONDITION IT IS TAKEN FOR:

\_\_\_\_\_  
\_\_\_\_\_

**Transportation Allowance:** My above listed child is allowed to travel with LakeRidge United Methodist Church Youth in the transportation provided by the above named church. Yes \_\_\_\_\_ No \_\_\_\_\_

**Photography Rights:** Photographs taken at a LakeRidge event may be subject to be used on our websites or in newsletters unless otherwise indicated by parent or legal guardian. Yes \_\_\_\_\_ No \_\_\_\_\_

**RULES ADHERENCE:** Tobacco, alcohol, illegal drugs, sexual activity, or illegal activity will not be tolerated and will be cause for parents to be called and child sent home.

**I AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.**

\_\_\_\_\_  
Signature of Parent/legal Guardian

\_\_\_\_\_  
Date



LakeRidge United Methodist Church  
4701 82<sup>nd</sup> Street - Lubbock, TX 79424  
(806) 794-4015

**Students Name:**

**Current Date:**



School & Grade
Grade Level:
School:

Parent/Legal Gardian Information
Mother:
Mother's Cell:
Mother's Email:
Do you want Ridge emails? Y N
Do you want Ridge text? Y N
Father:
Father's Cell:
Father's Email:
Do you want Ridge emails? Y N
Do you want Ridge texts? Y N

Emergency Contact Information
(Used ONLY if Parents Cannot Be Reached)
Emergency Contact:
Cell Phone:
Relationship to Student?
Emergency Contact:
Cell Phone:
Relationship to Student?

Medical Informator (it is our goal to get this information from you one time each year)
Insurance Company:
Identification Number:
Group Number:
Customer Service Number:
Doctor:
Doctor Phone:
Medical Conditions:
Allergies:
Medications:

Parent or Gardian Signature:

Student Contact Information
Student Home Phone:
Student Cell Phone:
Student Email:
Mailing Address:
City:
Zip Code:

Details
Date of Birth:
Male Female
T-Shirt Size:
Graduating Year:
Church if NOT LRUMC:

Permissions
Do you give permission for staff of LRUMC to give this student have Acetaminophen or Ibuprofen? Yes No
Photographs taken at LakeRidge events may be used on church websites or in newsletters unless other wise indicated. Yes NO
Do you give permission for this student to travel with LakeRidge UMC Youth in the transportation provided by the church? Yes No

Is there anything else about your student you would like us to know?

Date: