



Permission/Medical and Photo Release Form
2019-2020 School Year

Parent Information:

Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ Zip _____

Relationship to Student _____

Student Information:

Name _____ Birth Date _____

School _____ Grade _____

Emergency Contact

Emergency Contact Name _____

Emergency Contact Phone Number _____

Insurance Information

Company _____ Policy Number _____

Medical Information

Family Doctor _____ Phone Number _____

Allergies _____

Medication Being Taken _____



Release and Signature

I give my consent for Lighthouse Student Ministries counselors, staff, and chaperones to take my child listed above on offsite outings or trips including transportation in church-owned or personally-owned vehicles.

_____ (*Parent Initials*)

I give my consent to Lighthouse Student Ministries leaders, staff, and chaperones and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical treatment for the above named child.

_____ (*Parent Initials*)

I give my permission for my child to be shown in photos and videos. These photos and videos can be used to share about the trip or to promote Trinity's ministries.

_____ (*Parent Initials*)

By my signature, I certify that the information given in connection with this form is accurate. In consideration of Trinity UMC allowing the Participant to participate in student ministries activities and events, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Trinity UMC, its pastors, directors, employees, volunteers and teachers from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and Participant while involved in the student ministries activities and events.

Parent Signature _____

Date _____

(Please Type)