

CHURCH OF THE SAVIOUR UNITED METHODIST  
2537 LEE ROAD, CLEVELAND HEIGHTS, OHIO 44118  
(216) 321-8880

**MEDICAL WAIVER / GENERAL PERMISSION FORM**

SEPT. 2009 – AUG. 2010 SCHOOL YEAR

PLEASE PRINT

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YOUTH NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENTS' / GUARDIANS' NAMES \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ MOTHER'S CELL (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

OTHER PHONE (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ FATHER'S CELL (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

YOUTH E-MAIL \_\_\_\_\_

PARENT E-MAIL(S) \_\_\_\_\_

In case of emergency and the parents cannot be reached, contact:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

HEALTH INSURANCE CARRIER \_\_\_\_\_

POLICY NO. \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

List any allergies, medications, or other conditions we should know about:

\_\_\_\_\_

By registering to go on any youth sponsored events, I am committing myself to participate responsibly and agree to follow the rules of the event and our group. I understand not following these rules will result in my parents being called to come pick me up.

YOUTH SIGNATURE \_\_\_\_\_

I hereby give permission for the above-named youth, for whom I am the parent or legal guardian, to participate in the youth activities sponsored by Church of the Saviour, its staff, or volunteers. I assume all risks of accident, injury, or damages to the child and I understand and agree that no employee or agent (whether employed or working as a volunteer) of the church will be held liable for any accident, injury, or damages resulting to the child or to myself from the activity. In case of emergency or accident at the activity, I hereby grant permission to an attending physician to administer any medical attention deemed necessary. I also agree to come pick my child up if he or she is not following the rules of the event or our group.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I do not want my youth's picture (names will NOT be used) on the Church of the Saviour website.