

FAIRLANE CHURCH OF CHRIST YOUTH MINISTRY ACTIVITIES
2021 – 2022 PARENTAL PERMISSION AND RELEASE FORM

I, _____, give my permission for my child, _____, to participate in youth ministry activities sponsored by the Fairlane Church of Christ in 2021 – 2022. These activities may include CYC, Winterfest, camping, swimming, caving, canoeing, Work Camp, Uplift, Impact, LifeGroup, Fall Retreat, Back to School Trip, visitation in members' homes, and participation in service projects, as well as travel to and from those activities in privately owned or commercially rented vehicles. I hereby release the Church, its ministers, adults, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event treatment from a physician and/or hospital personnel is deemed necessary by church staff or a volunteer chaperone, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my child's health insurance provider or by me if I do not carry any health insurance on my child. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by a church staff member or volunteer chaperone for medical or behavioral reasons.

LIMITED POWER OF ATTORNEY FOR MEDICAL TREATMENT

If I cannot be reached, I do hereby authorize and appoint the church staff and/ or volunteer chaperones of the Fairlane church of Christ Youth Group, **INCLUDING BUT NOT LIMITED TO MICHAEL RECTOR, LANCE BENNETT, LOU SMITH, DAVID PARKER, JEFF FLOYD, VANCE CLAY, JERRY SMITH, HENRY WILHOITE, TODD SMITH, LARRY EVANS, KATE RECTOR, MISTY BENNETT, CHAD CLAY, ANGIE CROSSLIN, MARTY CROSSLIN, ELIZABETH FLOYD, CANDY GREEN, CHARLIE GREEN, CAS HUFF, SUSAN HUFF, TERESA LYNCH, JEANIE MARTIN, GARLAND MORRIS, LINDA MORRIS, ANGIE PARKER, DAVID PEACE, RENEE PEACE, TERRY PLANT, GINA PLANT, DOLLY SHARP, MICHAEL SHARP, BUBBA SHAVERS, MARY LETA SHAVERS, MANDY SIMON, ANDY SMITHSON, SUSAN SMITHSON, EMILY WHALEY, GRANT WHALEY, JIMMY BURTON, OR OTHER ADULTS WHO MAY BE SERVING AS CHAPERONES FOR A PARTICULAR EVENT**, as my lawful attorneys-in-fact to make binding decisions concerning the medical treatment of my child, _____, during the time that said child is attending Fairlane Church of Christ youth group activities and traveling to and from said events. My attorneys-in fact, individually or jointly, are authorized to make binding decisions regarding said child's medical treatment, including, but not limited to, placing her/him in the hospital, authorizing emergency surgery, and authorizing other such medical treatment, procedures, and care as my attorneys-in-fact, individually or jointly, deem necessary and appropriate, after consulting with the physicians and other health care professionals available for diagnosis and treatment of said child.

Custodial Parent

Date

Sworn or affirmed and subscribed to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

Child's Name: _____

*(If any of this information changes during the year, please notify
Church Office as soon as possible at 931-684-1583.)*

FAIRLANE CHURCH OF CHRIST YOUTH MINISTRY ACTIVITIES
2021 – 2022 MEDICAL DATA SHEET

Any medication needed including Dosages and Times (all medications needing to be administered during the activity will be delivered to a designated chaperone at the beginning of the activity):

Over the counter medications that chaperones are allowed to give your child per the dosages instructions on the back of the container (ibuprofen, etc.):

Allergies of any kind, including food, medicines, etc.

Any reason why your child's physical activity should be limited:

Physician's Name/Number: _____

INSURANCE INFORMATION

My child is covered by the following insurance policy(s):

CARRIER and POLICY NUMBER:

INSURED PARENT'S NAME: _____

Please attach a copy of the insurance card, if possible

INSURED PARENT'S SOCIAL SECURITY NUMBER: _____

PARENT CONTACT NUMBERS

Home: _____

Work _____

Cell: _____