

**CONSENT TO TRANSPORT:**

I, the parent of: \_\_\_\_\_

give my permission for Brighton First United Methodist Church staff and/or volunteer to transport my child. I understand that all drivers are 25 years old or older, legally licensed and insured. Further, I understand that I will be given advance notice before my child is transported.

\_\_\_\_\_  
Print Name of Parent/Guardian

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

\_\_\_\_\_  
Date Signed



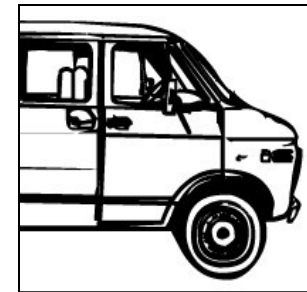
**Brighton First**  
United Methodist Church

400 East Grand River Avenue  
Brighton, MI 48116  
Phone: (810)229-8561  
Email: [Alyssa@brightonfumc.org](mailto:Alyssa@brightonfumc.org)



**Brighton First**  
United Methodist Church

Parental  
Permission  
and Consent



Youth Group  
Transportation

Medical  
Consent



# Why Fill Out This Form?

The care of your minor child while he or she is away from home is of utmost importance to us. While we pray it will not happen, prompt emergency medical treatment may be necessary in the event your child is injured or becomes ill while in our care.

Unless a child's injuries are life-threatening, physicians and hospital personnel cannot treat him/her without parental or legal guardian consent. Precious time may be lost while trying to contact you or your insurance company.

This form is your consent for medical treatment in the event that your child is injured or becomes ill while with the youth group. The leaders of Brighton First United Methodist youth will take it with them on all outings and overnight trips.

Please complete all sections of this form, front and back. Once complete, please return it to the church office.

In some instances it may still be necessary for a physician or hospital to contact you directly.

Thank you for your cooperation

## Brighton First United Methodist

400 East Grand River Avenue  
 Brighton, MI 48116  
 Phone: (810)229-8561  
 Email: Alyssa@brightonfumc.org

### Consent of Emergency Medical Treatment of A Minor Child:

Date: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian Name)  
 Do hereby state that I am the parent/guardian of  
 \_\_\_\_\_ (Child Name)  
 a minor born \_\_\_\_\_ (Birthdate)  
 Who resides with me at \_\_\_\_\_ (street address)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State), \_\_\_\_\_ (Zip).

I acknowledge that Brighton First United Methodist Church, although it establishes standards of conduct and supervision of youth life incidental to such activities, does not assume legal responsibility to provide for the safety, care, conduct or discipline of the youth or other participants in connection with such activities regardless of whether such activities are or are not officially sponsored by Brighton First United Methodist Church; and that it is the intention of the undersigned to entrust the youth under legal age with full personal responsibility and to waive and release all claims of any nature against Brighton First United Methodist Church arising from the minor's participation in the activities. I understand should the youth behave in a manner deemed threatening to personal or group safety, he/she will be sent home at the undersigned's expense.

In the event that it is necessary to administer medical treatment to the above named youth while he/she is participating in an activity sponsored by Brighton First United Methodist Church, the undersigned hereby grants permission for whatever medical care is necessary in the judgment of a licensed medical doctor. Should medical intervention be required, every attempt will be made to contact the undersigned.

This consent is valid from the date signed below until August 31st, 2015.

Signature of Parent/Guardian: \_\_\_\_\_

In the event of an emergency and we are unable to contact you, we will contact the following persons:

<b>Emergency Contact Name (First/Last):</b>	
<b>Address:</b>	
<b>Phone Number:</b>	

<b>Emergency Contact Name (First/Last):</b>	
<b>Address:</b>	
<b>Phone Number:</b>	

Any medical professional caring for my child would need to know (allergies, medical information):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_