

**Michiana Youth Ministries, Inc.**  
52726 W. Cypress Circle, South Bend, IN 46637

Love Of God Program

**PERMISSION FORM / MEDICAL RELEASE**

I hereby give my permission for my child to participate in youth activities sponsored by the Michiana Youth Ministries, Inc. **for the program period beginning on the date this form is signed and continuing for one calendar year.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Parent / Guardian's Address \_\_\_\_\_

Parent / Guardian's email address \_\_\_\_\_

Father's home phone \_\_\_\_\_ Father's cell phone \_\_\_\_\_

Mother's home phone \_\_\_\_\_ Mother's cell phone \_\_\_\_\_

Emergency phone (in the event a parent cannot be reached) \_\_\_\_\_ Family Doctor \_\_\_\_\_

**PLEASE NOTE: THE PARENT OR GUARDIAN OF THE YOUTH PARTICIPANT WILL BE RESPONSIBLE FOR ANY ACCIDENT OR INJURY RESULTING IN THE NEED FOR MEDICAL SERVICES.**

Name of insurance carrier \_\_\_\_\_ Name on policy \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Any drug/food allergies \_\_\_\_\_ Last tetnus/toxoid shot \_\_\_\_\_

Recent illness/operation info \_\_\_\_\_

Medication presently taking \_\_\_\_\_

Special dietary needs \_\_\_\_\_

Any other important information that we should know: (use back if necessary)

I give permission for LOG Leaders to give my child general pain medication and/or over-the-counter allergy medication as needed (except as noted above).

In the event of an emergency when parents can not be contacted, I hereby authorize the LOG Leaders to secure the services of a physician and/or dentist who may hospitalize, secure proper treatment for, use ambulance, and order injection, anesthesia, or surgery for the above named minor. It is understood that this authorization is given in advance of any emergency situation, but is given to provide the authority and power to the M.Y.M. Leaders to give specific consent to any and all such diagnosis, treatment or hospital care that may become necessary.

I also give my consent for the LOG leaders to take photographs of my child and/or record my child's voice while speaking or singing during normal program activities for use in promotional and publicity endeavors. I understand that these photos may be posted on the MYM website, Facebook page or other social media platforms.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Questions?** Contact Rev. Terry McBride  
(574) 274-5990 (cell)  
email: terry@michianayouth.org

***Please return this form to Michiana Youth Ministries as soon as possible. It will be kept on file and will apply to any and all LOG activities in which your child participates.***