

# Detroit Conference Waiver for Children, Youth and Vulnerable Persons

Name of Child, Youth or Vulnerable Person \_\_\_\_\_

Age \_\_\_\_\_ Grade Level (if applicable) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Another person to contact in case of an emergency \_\_\_\_\_

And their relationship to the child, youth or vulnerable person \_\_\_\_\_

Telephone numbers of emergency contact \_\_\_\_\_

Name, location and date of Detroit Conference event, program or activity that your child, youth or vulnerable person is attending \_\_\_\_\_  
Newburg United Methodist Youth Fellowship, 9/09-9/10

Best way to contact me during this program \_\_\_\_\_

**Transportation:** I authorize my child, youth or vulnerable person I am responsible for, to be transported to and from an event, program or activity of the Detroit Conference, its Districts or agencies by The Newburg UMY Youth Leaders. I understand that there will only be one adult in this vehicle and that this adult may or may not be a certified caregiver of the conference.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release:** I agree that video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student during the activities may be used, distributed, or shown as the Church sees fit.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Health:** My child, youth or vulnerable person that I am responsible for has these specific health requirements. Please include anything that a caregiver should know or provide the best care of your child, youth or vulnerable adult. (Include allergies.) \_\_\_\_\_

If prescribed medications will accompany the child, youth or vulnerable person, such medications must remain in prescription bottle and include clear directions for administration and then be sealed in a zip-lock bag. They also must be given to the adult responsible for the child, youth or vulnerable person for safekeeping. Some events have professional nurses providing care and other events do not. Parents/guardians should contact the event director or their own church Conference, one of its Districts or Agencies.

I understand that safety precautions will be taken by the Church and its agents during this event. However, I understand that the possibility of injuries, unforeseen hazards and inherent risks exists. I agree not to hold the Church, its employees, members and volunteers liable for and I release them from any damages, losses, diseases, injuries incurred by the student.

**Emergency Health Care:** I authorize any emergency health care or treatment for my child, youth or vulnerable person that is deemed necessary by the transporter (driver) or certified care giver at an event, program or activity sponsored by the Detroit Conference, its Districts or one of its Agencies.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Special Needs;** My child, youth or the vulnerable person that I am responsible for has these special needs. Please list and use the back if needed.