

# TIME 2010 Permission and Medical Release Form

This form is to be completely filled out by a parent or legal guardian of youth participants. Adult full time participants must complete this form as well.

For TIME Use: Assigned Team: _____ Group Affiliation: _____
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### Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Last Tetanus Booster: Month \_\_\_\_ Year \_\_\_\_

### Emergency Contact Information: ( 2 contacts required, Please Print)

Parent/ Legal Guardian or Other: Name: _____ Address: _____ City, State, Zip: _____ Home Phone: _____ Cell Phone: _____ Other Phone: _____ E-mail: _____
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Parent/ Legal Guardian or Other: Name: _____ Address: _____ City, State, Zip: _____ Home Phone: _____ Cell Phone: _____ Other Phone: _____ E-mail: _____
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**Allergies:**  No known allergies. This participant is allergic to  Food,  Medicine,  
 Environment (insect stings, hay fever, etc.)

Please describe allergy and typical reaction experienced and typical treatment below:

\_\_\_\_\_  
\_\_\_\_\_

Participant will provide TIME with an Epi-pen:  None Required  Yes

**Dietary Requirements:**  Eats a regular diet.  Eats a vegetarian diet.

**Note:** TIME offers a wide variety of food choices at meals. TIME is not able to prepare meals that require one-on-one preparation, additional food storage, or cannot be cross contaminated during preparation.

**Health Insurance:**

Insurance Provider: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Group or Plan #: \_\_\_\_\_

**Please place front copy of insurance card here.**

**Please place front copy of prescription card here.**

**Please place back copy of insurance card here.**

**Please place back copy of prescription card here.**

**Medical Conditions & Prescription Medications:**

Current medical conditions or problems:  None Known,  Yes (please describe below)

\_\_\_\_\_

Currently taking prescription medications:  No,  Yes (please describe below)

\_\_\_\_\_

Prescription Meds will be self-administered:  Prescription Meds will be TIME administered:

For all TIME administered medications please see the TIME Medication Pack Out instructions and fill out a TIME Medications Distribution Form.

**Over the Counter Medications:**

The following will be the only over the counter medications stocked by TIME. These will be available on an “as needed” basis. If a participant requires any other kind of over the counter medication, they will need to provide it. If a participant suffers from outdoor seasonal allergies, it is recommended that they bring with them any medication they may need. ***Please cross out any medications below your participant is NOT to be given:***

Acetaminophen (Tylenol)	Peroxide	Antibiotic Ointment	Aloe Vera
Ibuprofen (Advil, Motrin)	Topical Benadryl	Oral Benadryl	Tums
Generic Cough Drops	Hydrocortisone Cream	Ivy Rid/Ivy Dry	Pepcid

**Conduct & Participation Guidelines Acceptance:**

\_\_\_\_\_ I have read, understand and will comply with the TIME Code of Conduct.  
(Initial)

\_\_\_\_\_ I have read, understand and will comply with the TIME Participation Guidelines.  
(Initial)

\_\_\_\_\_ I have read, understand and will comply with the TIME Participant Protection Guidelines.  
(Initial)

**Waiver of Responsibility for Youth Participants**

I, \_\_\_\_\_, legal parent or guardian of \_\_\_\_\_, give my permission to him/her to participate in all TIME activities. I hereby release TIME (Tucker Interfaith Mission Experience, Inc.) its volunteer administrators, its volunteer participants, its homeowners and associated partners of any liability in the event of accident or injury.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Waiver of Responsibility for Adult Participants**

I, \_\_\_\_\_, as a participant of TIME activities, hereby release TIME (Tucker Interfaith Mission Experience, Inc.) its volunteer administrators, its volunteer participants, its homeowners and associated partners of any liability in the event of accident or injury.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Power of Attorney for Youth Participants**

I, \_\_\_\_\_, of the County of \_\_\_\_\_, State of Georgia, natural parent (or legal guardian) of \_\_\_\_\_, my minor child, do hereby appoint his/her TIME director as his/her agent as my true and lawful, attorney in fact to act for me and in my name, place and stead; and to do any and all acts and exercise and all powers that I might or could do in giving consent to emergency medical treatment for my minor child that he/she shall deem proper or advisable to do or exercise on my behalf.

This Power of Attorney and appointment of the authorized adult sponsor as my attorney-in-fact for the limited purpose of consenting to emergency medical treatment for the above named minor child shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

**IN WITNESS WHEREOF I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,**

**Signed: \_\_\_\_\_**

**(IMPORTANT: SIGN IN THE PRESENCE OF A NOTARY PUBLIC)**

**Notarization**

**BEFORE ME, the undersigned authority, on this day personally appeared**

\_\_\_\_\_, known to me to be the person whose name is subscribed to the above and forgoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

**Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_, Notary Public.

**Photographic Release:**

I, \_\_\_\_\_, for good and valuable consideration, the receipt of which is acknowledged, give to Tucker Interfaith Mission Experience, unrestricted permission to copyright and/or use, and or publish photographic portraits or pictures of me, and the negatives, transparencies, prints, or digital information pertaining to them, in still, single, multiple, digital, moving, or video format, or in which I may be included in whole or part, or composite, or reproductions therefore, in color or otherwise, made through any media in this studio or elsewhere for art, or lawful purpose. I acknowledge that some of these photographic portraits or pictures of me, digital or print, may be published unless it can be shown that the said photograph was maliciously caused, produced, and published for the sole purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity. This release is valid for a period of one year following the date signed below.

**I certify that I am not a minor, and am free and able to give such consent.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If above is under eighteen (18) years of age, I certify that the above mentioned is true, I am his/her parent guardian and am able to give such consent:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth Transportation Release:**

I give permission for \_\_\_\_\_ (name of child or self) to be transported in motor vehicles used by Tucker Interfaith Experience, Inc. (TIME) to and from locations and events that are part of the TIME’s program, to include the work sites, shower facilities, locations of evening activities and other TIME program locations and events.

I understand that all drivers will be licensed drivers over the age of twenty-one (21), and that the vehicles may belong to participating groups, may be leased or contracted by TIME, or may belong to volunteers.

I recognize that by participating in TIME, as with any activity involving motor vehicle transportation, there is risk of personal injury or permanent loss. I attest and verify that I have full knowledge of the risks involved.

As a condition for, and in consideration of, the motor vehicle transportation received, I, for myself, my child, my executors, and assigns, further agree to release and forever discharge Tucker Interfaith Mission Experience, Inc., its Board of Directors, and their agents, officers, and volunteers from any claim that I might have myself or that I could bring on my child’s behalf with regard to any damages, demands, or actions of any kind, including those based on negligence, in any manner arising out of this transportation.

**I certify that I am not a minor, and am free and able to give such consent.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If above is under eighteen (18) years of age, I certify that the above mentioned is true, I am his/her parent guardian and am able to give such consent:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Adult Participant Protection Certification: (check all that apply)**

\_\_\_\_\_ I am not Protection Policy certified and wish to remain so.

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\_\_\_\_\_ I am TIME Protection Policy certified.

\_\_\_\_\_ I am TFUMC Safe Sanctuary certified.

\_\_\_\_\_ I am Protection Policy Certified through:

\_\_\_\_\_.

(Name of Certifying Agency)

Name of Agency Administrator: \_\_\_\_\_

Contact Information for Agency Administrator for certification verification:

Phone Number: \_\_\_\_\_

and/or

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