Kingswood United Methodist Church
401 W. Dundee Road, Buffalo Grove, IL 60089
600 Deerfield Road, Deerfield, IL 60015
(847) 398-0770

Guardian Permission Form for Off-Campus and/or Overnight (Appendix E)

Primary Caregiver (Contacted first in case of an emergency)

Full Name: _____ Relationship: _____

Phone # (_____) _____

Address

_____

_____

Additional Caregiver (Contacted second in case of an emergency)

Full Name: _____ Relationship: _____

Phone # (_____) _____

Address (Only if different than listed above)

_____

_____

Family Health Insurance

Company: _____

Policy #: _____

Phone #: (_____) _____

Address

_____

_____

Family Doctor Information

Name/Practice: _____

Phone #: (_____) _____

Address

_____

_____

Participant Detailed Information

First: _____ Middle: _____ Last: _____

Birthdate: _____ Grade: _____

Participant Phone #: (_____) _____

Address (If different than family address)

_____

_____

Medication(s) the participant needs to take while on trip: _____

(Please provide instructions for each medication on a separate paper.)

Allergies/special health problems: _____

(Please provide the intensity of allergy and what steps to take if having a reaction)

Behavioral needs to support: _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in the Kingswood United Methodist Church outings or activities listed below, every reasonable effort will be made to contact the persons listed as caregivers. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, consent/permission is hereby given to the Coordinator of Youth Ministries, Director of Children's Ministries, Pastors, and other counselors as assigned to Kingswood United Methodist Church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). I also agree that my insurance company will be used for such medical care, and I am aware that I may be billed by the medical provider for any medical treatment not covered by my insurance.

(Participant's full name) _____ has my permission to attend the Fireproof: Youth Fall Retreat 2025 with Kingswood United Methodist Church from October 4 to October 5, 2025, to YMCA Camp Duncan in Ingleside, IL in the care of the approved adult chaperones/drivers.

_____ _____

Parent Signature Date

_____ _____

Participant Signature Date