

# **2019-2020 School Year Destin United Methodist Church**

## **Travel, Photo, and School Lunch Release**

**I (we) give \_\_\_\_\_ (Name of Child) permission to attend, to be transported by the DUMC Church Bus/Party Bus to Destin United Methodist Church or DMS , and participate in the youth ministry activities at Destin United Methodist Church and its events/retreats. I (we) recognize that membership and participation in the youth program is voluntary, and while every reasonable precaution will be taken for the safety and well being of the participants, there are certain risks inherent in trips away from home and church youth activities.**

**In the event of an emergency illness or injury to the child, the adult leaders of DUMC will make every reasonable effort to contact me (us) for permission to obtain emergency medical and/or dental care. However, if the circumstances do not permit, I (we) authorize and consent to such emergency medical and/or dental care and treatment as may be necessary for the prompt treatment of the illness or injury. I (we) further agree to be financially responsible for the cost of emergency treatment and agree to reimburse DUMC and/or the adult leaders for any expense incurred as a result of such emergency treatment.**

**By signing this form, I give consent for DUMC:**

- To use my child's picture for advertisements, social media, highlight videos, documentation.  
Transport my student(s)  
Give medical assistance as needed  
Attend school lunch with my student for this school year**

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**Parent/Guardian Signature Date**

***During the time of this youth program, I (we) can be reached at the following telephone numbers:***

\_\_\_\_\_ Telephone Number  
\_\_\_\_\_ Name of Contact

**Name or Location**

***IMPORTANT: Emergency contacts other than a parent or guardian:***

\_\_\_\_\_ Telephone Number  
\_\_\_\_\_ Name of Contact

**Please Print Child's Full Name: Child's Date of Birth:**

**Allergies:** \_\_\_\_\_ **Current Medications:** \_\_\_\_\_

**Name of Child's Regular Physician and Telephone Number: Health Insurance Carrier **AND** Contract / Policy Number:**

**Is it okay to give your child Advil, Tylenol, Hydrocortisone cream or other antibiotic ointments if needed during this event? Circle: YES NO**

## **WEDNESDAY NIGHT VIBE DINNER**

It is our desire every Wednesday to provide each student to have a full, warm meal. In a perfect world, we would love to be able to provide these dinners to students at zero cost. However, we are unable to accommodate the full costs of providing free meals for students on Wednesday Nights. We did our best to last year to provide free meals, but it resulted in us having to cut back in other ministry areas. We are asking that you, as a parent, please partner with us in making sure that your student is able to have a meal on Wednesday Nights! The cost of a Wednesday Night dinner comes out to roughly \$3/student. **Below, we have listed some payment options so that you do not have to send your student with \$3 each week!** If you need assistance in paying for your student's meals, please email me, Nathan Sell, at [nsell@destinumc.org](mailto:nsell@destinumc.org). Thank you for your understanding, and partnership in ministry!

### **VIBE dinner payment plans**

**Each week we serve dinner for our students. Dinner for each week of VIBE is \$3.00. You may prepay for your student's meals in one of the following:**

**Fall semester: \$50**

**Full school year: \$100**

*please circle your choice*

**You may enclose cash or a check to DUMC Youth. If you need assistance with paying student meals, please contact Nathan Sell at [nsell@destinumc.org](mailto:nsell@destinumc.org).**