



## FUMCCG Student Ministry 2018-2019

### Parental Consent & Medical Information

Parents or legal guardian of minors (under age 18) are asked to complete this form and return

Date Completed: \_\_\_\_\_

STUDENT'S FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Mailing Address \_\_\_\_\_

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

Youth Cell Phone if applicable \_\_\_\_\_

Youth's Email (if applicable) \_\_\_\_\_

Current School Grade \_\_\_\_\_ School Attending \_\_\_\_\_

T-Shirt Size: Circle Youth or Adult size preferred

XS S M L XL XXL

\_\_\_ I (parent or guardian) give permission for authorized church personnel to send text messages to student pertaining to youth activities.

\_\_\_ I, (parent or guardian) give permission for my child's photograph to be used by the church in printed or digital form, including use on the church's website and social media.

Does the youth attend FUMCCG worship services on a regular basis? \_\_\_ Yes \_\_\_ No  
Minimal of twice (2) a month

Does the youth's family attend FUMCCG worship services on a regular basis \_\_\_ Yes \_\_\_ No

Please circle the worship service most attended (if any):

8:30            9:00 am            11:00 Bilingual            11:00 Traditional in English



**Parent 1 or Guardian:** \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

Relationship to Youth: \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ work # \_\_\_\_\_

**Parent 2 or Guardian:** \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

Relationship to Youth \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ work # \_\_\_\_\_

**Emergency contact numbers (Additional to parents/guardian)**

Name of person to notify in case of emergency if PARENT/GUARDIAN cannot be reached:

Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

**Names of Persons Authorized to pick up student (if different from above)**

\_\_\_\_\_  
PRINT CLEARLY FIRST AND LAST NAME

\_\_\_\_\_  
BEST PHONE NUMBER TO REACH THIS PERSON

\_\_\_\_\_  
PRINT CLEARLY FIRST AND LAST NAME

\_\_\_\_\_  
BEST PHONE NUMBER TO REACH THIS PERSON

**Consent and Authorization**

I, the undersign being the parent or legal guardian of the youth name above, do hereby consent to the participation of my youth in all scheduled activities for the FUMCCG Youth Program during 2018-2019 to include field trips, swimming, overnight activities, off site, on church grounds, and all activities associated with a church youth ministry. Further, I certify that my youth is physically fit to participate in such events.

Parent's Printed name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



### Youth's medical information/insurance & Medical Treatment Authorization

Is your youth presently being treated for any injury or medical condition that would limit him/her from youth activities? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Is your youth taking any form of medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

(Adult supervisors will not allow any medications unless otherwise noted.)

Is your youth allergic to any medications or food? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your youth require a special diet? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your youth sleepwalk? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your youth know how to swim? YES \_\_\_\_\_ NO \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Number \_\_\_\_\_

#### Medical Insurance

PLEASE PHOTO COPY FRONT AND BACK OF ID CARD AND STAPLE TO THIS FORM

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

Plan # \_\_\_\_\_ Member # \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Primary Insured's name: \_\_\_\_\_

#### Important Medical and Allergy Information

Please check all medications your child is allowed to receive from authorized church personnel/youth staff leadership.

\_\_\_\_\_ Acetaminopnen (Tylenol)      \_\_\_\_\_ Ibuprofen (Advil, Motrin)

\_\_\_\_\_ Anthistamines(Benadryl)      \_\_\_\_\_ Cold Medicine      \_\_\_\_\_ Antiacids (such as Tums)

\_\_\_\_\_ Anti-Diarrheal Imodium, etc.)      \_\_\_\_\_ Cough Drops      **\_\_\_\_\_ None permitted**



Medical History

Does your child have any health conditions such as heart condition, asthma, diabetes, etc. in which we need to be notified?      Circle    YES    NO    *IF YES, Condition*

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If allergy or condition noted, please provide detailed explanation and treatment information

Please note any medications your youth receives:

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I understand that I will be notified in case of a medical emergency involving my youth. However, in the event that I cannot be reached, I authorize medical service and treatment in the event that my youth is injured or becomes ill.

I understand the church and adult supervisors will not be responsible for medical expenses incurred, but that such expense will be my responsibility as parent/guardian.

I agree to notify the church in the event of any health canes that would restrict my youth's participation in any activity.

I also understand that the adult supervisors reserve the right to restrict my youth from any activity that they do not feel is within the physical/mental capabilities of my youth.

Name of Parent/Guardian (Print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Please read carefully. This section must include parent/guardian signature*



We do not require notarized forms

## Emergency Medical Release

### 2018-2019

1. I/we hereby give permission for my/our youth who is a minor, to participate in FUMCCG activities led by authorized leadership. In the event of an emergency or illness, I/we authorize FUMCCG leadership to secure medical treatment for my/our youth.
2. I/we authorize FUMCCG to administer any medication to my/our youth as indicated by a checkmark on the attached form according to the prescribed directions for each. If spaces are left blank, FUMCCG WILL NOT dispense that particular medication unless a physician or parent/guardian is contacted for approval.
3. I/we understand payment for medical bills for my/our youth is my/our responsibility and the student's family insurance plan is responsible for injuries and/or sickness during my youth participation in Youth Ministry.
4. I/we agree to waive and release FUMCCG, its employees and volunteers from any claim or cause of action that might arise on behalf of my/our youth as a result of his/her participation in this event. Furthermore, I/we assume all responsibility for my/our youth's actions including, but not limited to the cost, repair, or replacement for items damaged by willful abuse of my/our youth and/or transportation cost, should it become necessary for my/our youth to be sent home for medical or disciplinary reasons prior to the conclusion of this event.

By signing below, I (parent/guardian of minor under 18) agree and consent to all above stated.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

