GCUMC Parental Consent and Health Form

Name _____ Birth Date _____ Gender _____

Address _____ Phone No. _____

City _____ State _____ Zip Code _____

School _____ Current Grade _____

Father Name _____ Day Phone No. _____ Cell Phone No. _____

Mother Name _____ Day Phone No. _____ Cell Phone No. _____

TO WHOM IT MAY CONCERN:
The undersigned does hereby give permission for our (my) child, _____,
to attend and participate in the _____ on _____,
with Guilford College United Methodist Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Guilford College United Methodist Church.

Hospital Insurance Yes ☐ No ☐

Company Name _____

Policy Number _____

If parent or guardian is not available, please contact the following in case of emergency:

Name _____

Address _____ Phone No. _____

City _____ State _____ Zip Code _____

The information contained in this form is correct as far as I know. In case of a medical emergency, I understand every effort will be made to contact parents/guardian of campers. In the event I cannot be reached, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order, injection, anesthesia or surgery for my child, as named above.

I understand that my child may be photographed and/or filmed while participating in this event. I authorize Guilford College UMC to use and publish photos/videos for lawful purposes including, for example, publicity, illustration, advertising, and web content.

Signature of Parent or Legal Guardian _____ Date _____

On the reverse side of this page, please complete medical information.

1. Does child have:

ALLERGIES YES □ NO □ HEART CONDITIONS YES □ NO □

DIABETES YES □ NO □ OTHER _____ YES □ NO □

If you answered YES to any of the above, please explain: _____

_____

2. Is child subject to:

HEADACHES YES □ NO □ MOTION SICKNESS YES □ NO □

SEIZURES YES □ NO □ OTHER _____ YES □ NO □

If you answered YES to any of the above, please explain: _____

_____

3. Does child have reaction to:

BEE STING YES □ NO □ PENICILLIN YES □ NO □

PEANUTS YES □ NO □ OTHER MEDICATIONS YES □ NO □

OTHER _____ YES □ NO □

If you answered YES to any of the above, please explain: _____

_____

4. Does child have any condition that would prevent him/her from participating in any activities of this ministry? YES □ NO □

If you answered YES, please explain: _____

_____

5. Does child take any prescription medications? YES □ NO □

If you answered YES, please explain: _____

_____

6. Does child have any sight or hearing impairment or does child wear glasses, contact lenses or hearing aids?

YES □ NO □

If you answered YES, please explain: _____

_____

7. Does child have special dietary needs? YES □ NO □

If you answered YES, please explain: _____

_____

8. Blood type _____ Date of last Tetanus shot _____

9. Date of last visit to physician _____. Must be within one year before attending camp.

10. Please indicate anything else that the caregivers should know about your child: _____

_____

RETURN COMPLETED FORM TO:

Donna Ford, Guilford College UMC, 1205 Fleming Road, Greensboro, NC 27410