

Parental Consent Form—One Time Event

Name _____ Age _____ Grade _____ Birth Date _____
Address _____ Phone No. _____
City _____ State _____ Zip Code _____
Father Name _____ Day No. _____ Cell No. _____
Mother Name _____ Day No. _____ Cell No. _____
Legal Guardian _____ Day No. _____ Cell No. _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in the _____ (event) sponsored by the Youth Ministry of Guilford College United Methodist Church on _____ (date).

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.

In addition the undersigned does also hereby give permission for our (my) child's photographs to appear in promotional materials, including brochures, website pages and videos.

Hospital Insurance Yes No

Company Name _____

Policy Number _____

Emergency Phone Numbers _____

Your signature below authorizes your child to participate in church activities for the period specified above and signifies your consent to the technology agreement below.

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

Technology Agreement:

Out of a desire to focus on my own spiritual growth, the overall community building and spiritual growth of the group, I will consider leaving any portable electronic device(s) (esp. cell phones) at home. If I choose to bring any such device(s), I agree that I will not use it/them during any organized group activity at this event and only sparingly during the designated times. I will risk theft or loss, in which case, I cannot hold GCUMC liable. Moreover, I understand that if I abuse this policy by use during inappropriate times or by overuse, I may be asked to forfeit my device(s).

Youth Participant: _____

On the reverse side of this page, please list any allergies or special medical problems your child may have.

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. Blood type _____ Date of last Tetanus shot _____

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