

Consent and Medical Permission Form
2019
Stockbridge First UMC Youth

Student Name _____ Date of Birth _____
Street Address _____ Home Phone _____
City _____ State _____ Zip _____
Family Physician _____ Phone _____
Family Insurance Co. _____ Insured's Name _____
Insurance Address _____
Policy # _____ Group # _____

(Check all that apply) **Past Medical History**

Asthma Diabetes Heart Problem Chronic Bronchitis Chronic Sinusitis Other

Date of last Tetanus _____

Allergies (please list in detail) _____

Please list any previous surgeries _____

Current Medications

Does your student currently take any medications? _____

If so, list: _____

Emergency Phone Numbers

Father's Name _____

Day # _____ Evening # _____ Cell # _____

Mother's Name _____

Day # _____ Evening # _____ Cell # _____

If parents cannot be reached, who can be notified? (Name, Phone Number, and relationship)

I hereby give my consent to the Minister and/or Sponsor in charge of the above named under age child to seek medical and/or surgical treatment and/or other medical procedures, which are required during my absence. I understand that in such case reasonable attempts would first be made to contact me, time and conditions permitting, and that in any event I will be notified of action taken as soon as reasonably possible. In consideration of the services that are rendered to said child named above, pursuant hereto, I agree to pay for all such services. I also give permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in activities sponsored by church or organization. I, the undersigned, do hereby verify that the above information is correct and I understand that the church or organization cannot assume responsibility for medical expenses incurred in case of an accident. I do hereby release and forever discharge the church or organization, all sponsors, and all employees of organization from any and all liability with regard to my child while he or she is participating in any church or organization sponsored activity.

Parent Signature _____

Date _____

***If possible, please attach a copy of current medical insurance card.**