

Bee Creek UMC Youth Ministry

2019 YOUTH PARENT/GUARDIAN CONSENT FORM

This form will be kept on file in case of emergency and must be filled out for trip participation.
All information will be kept confidential.

Permission is granted for:

(Name of Student) PLEASE PRINT

To participate in ALL youth related activities, including swimming in public pools, private pools, springs, lakes and water parks. By signing this form, I give my consent to BCUMC staff, volunteers, and qualified medical professionals to obtain urgent or emergency medical treatment for my child, and authorized health care professionals to render such care as necessary. I understand by signing this consent to exempt and relieve BCUMC and its officers, agents, servants, or employees from liability for personal injury, property damage or wrongful death. I understand that ALL reasonable efforts will be made to contact me or my emergency contacts prior to obtaining such care. In the case I cannot be contacted, I authorize any care to my child and agree to be financially responsible for such care.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Emergency Phone #:

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Student's Date of Birth

Allergies:

Conditions requiring special consideration (medical/physical):

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

CONTACT INFO FOR EVENT WEEKEND ONLY:

Primary contact name

Relationship to student:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Secondary contact name

Relationship to student:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Student's Physician:

Phone #:

Student's Dentist:

Phone #:

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION: PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

Company Name:

Policy #:

Group #:

Parent/Guardian Name:

Date:

(PLEASE PRINT)

I AGREE - Parent/Guardian Signature:

