

**MARYSVILLE UNITED METHODIST CHURCH  
PARENTAL CONSENT FORM  
For 2009-2010  
(Fill out both sides, please)**

Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**IN AN EMERGENCY**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Group No: \_\_\_\_\_

Family Member: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Friend: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**MEDICATIONS**

Please list all medications, both prescription and over the counter medications, that you use regularly. Include reason for taking, dosage, and frequency with which they are taken.

1.

2.

***All prescribed and over the counter medications need to be given to the Youth Director and/or a parent volunteer during any overnight youth event.***

Do you have any limiting physical disabilities or handicaps (temporary or permanent)?

(Circle One)

Yes / No

Explain: \_\_\_\_\_

\_\_\_\_\_

## MEDICAL HISTORY

Are you allergic to insect stings, plants, dust, food, drugs or other things? \_\_\_\_\_ Explain: \_\_\_\_\_

Please check all information regarding the following, including specific symptoms, how you care for the symptom/condition, and how the condition restricts your activity in any way.

Diet or eating disorders	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Sensitivity to Sun	<input type="checkbox"/>
Respiratory condition	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	Other	<input type="checkbox"/>
Past injuries/illness	<input type="checkbox"/>	Heat intolerance	<input type="checkbox"/>		

To Whom It May Concern:

The undersigned does hereby give permission for our/my child, \_\_\_\_\_ to attend and participate in activities sponsored by Marysville United Methodist Church for the period beginning September 1, 2009 and ending October 1, 2010. 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 physician or 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 my/our child to return home due to medical reasons or any other reasons including disciplinary, the undersigned shall assume all transportation costs.

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

I hereby state that the above information is true and accurate to the best of my knowledge and I hereby consent and give my permission to receive emergency medical care if it is deemed necessary.

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Parent(s) or Legal Guardian(s) Date

\_\_\_\_\_  
Parent (s) or Legal Guardian(s) Date

Marysville United Methodist Church  
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