

Marysville UMC
 YOUTH MINISTRIES HEALTH INFORMATION
 AND PERMISSION SLIP
July, 2016 – September 1, 2017

HEALTH INFORMATION

Name _____ School & Grade _____ Birthdate _____

Home Phone _____ Address _____ City _____ State _____ Zip _____

Youth Cell Phone _____ txt? Y / N Guardian Cell Phone _____ txt? Y / N

Youth email _____ Parents email _____

Name of Guardian(s) _____

List all allergies (seasonal, medical, or food)

Emergency Contact 1 _____ Phone _____ Relationship _____

Emergency Contact 2 _____ Phone _____ Relationship _____

Insurance Provider _____ Group # _____ Member# _____

Doctor's name and # _____

Please list all medications and proper doses (use other side if needed)

Please list any medical, physical, or emotional needs or limitations & information on how leaders can provide support.

CONSENT FOR EMERGENCY CARE

I understand that, in the event of illness or injury to my child, every effort will be made to contact me or the person listed above. If I cannot be contacted, I _____, the custodial guardian of _____ authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed by a licensed physician or hospital staff when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment and I accept full financial responsibility for any medical services required, including prescription and nonprescription drugs and other supplies, on behalf of my child. This release will remain effective until September 1, 2016

Parent/Guardian Signature _____ Printed name _____ date _____

PERMISSION FOR CHURCH SPONSORED EVENTS

Initial each Box

I, the undersigned, do hereby give permission for my child to attend and participate in activities sponsored by Marysville United Methodist Church (effective until September 1, 2016	
I understand that, at any time, my child can be asked to leave an event or trip due to inappropriate, dangerous, or illegal behavior. In such a case, it is my responsibility to pick up my child immediately.	
I understand and give my consent for my child to be a passenger in a vehicle driven by a church employee or an adult volunteer of the church (over the age of 25)	
I understand that at Church sponsored events, pictures will be taken and may be used in print communications, posted on the church or church related websites. I give permission for my student's picture to be used in print communications and posted on those official websites.	

Parent/Guardian Signature _____ Printed name _____ date _____