HUDSON FIRST UNITED METHODIST CHURCH
SUMMER 2017 KIDZ KAMP REGISTRATION FORM
PERMISSION AND MEDICAL CONSENT

As a parent or legal guardian, I hereby give permission for my child to participate in the sports and activities sponsored by Hudson FUMC.

Child's Full Name _____

Address _____

Cell Phone (___)_____Email_____

Gender _____ Birthday _____ Age _____

Parent or Guardian Name _____

Home Address (if different) _____

Home Phone (___)_____Cell (___)_____

Email _____

If not available in an emergency, notify:

1. Name _____Phone(___)_____
   Relationship_____
2. Name _____ Phone(___)_____
   Relationship_____

Does this child have any of the following allergies:

Food_____Insect Stings_____Environmental_____
Other_____

Does this child have any medical or health problems, recurring or chronic illness that needs to be brought to our attention that will hinder participation in the activity ( )Yes ( ) No

If yes, please

_____

_____

Is there any medications that this child is currently taking? Please list:

_____

_____

Please provide the name and number for this child's family physician

_____

Please provide medical/insurance carrier information & account nuimber

_____

I grant permission for FUMC of Hudson, Florida to use photos of my child, when available for church publicity. ( ) Yes ( ) No

I understand that Hudson FUMC ministries carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for the benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any x-ray, examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has my permission to participate in all prescribed activities except as noted by me.

Signature_____Date_____
(Parent or Guardian)

Witness_____Date_____