

Ministry Group _____

Year: _____

FIRST UNITED METHODIST CHURCH OF HUDSON, FLORIDA
PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my child to participate in the activities sponsored by First UMC of Hudson.

Child's Full Name: _____

Address: _____

Cell phone: _____ Home phone: _____

E-mail: _____

Gender: _____ Date of Birth: _____ Age: _____

Parent or Guardian Name: _____

Home address (if different): _____

Cell phone: _____ Home phone: _____

E-mail: _____

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: _____

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 describe the problem or illness: _____

Are there any medication that this child is currently taking? Please list: _____

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Please provide the name and number of the child's family physician and dentist:

Please provide a copy of any medical/insurance card for this child and attach to form.

Other comments from the parent or guardian: _____

Please list name and phone number of any other adults who are authorized to drop off or pick up your child:

I understand that my child will be participating in a number of activities, which carry with them a certain degree of risk. Some of the activities may include, but not limited to, sports, games, hiking, field trips, and other activities that the church may offer. I represent that my child is physically able to participate in the church activities except for any listed here:

I consent to my child being transported to and from activities in transportation provided by volunteers of the church.

Yes _____ No _____ Signature _____

I consent to my child's photo being used on the church website, or in church newsletters or bulletins.

Yes _____ No _____ Signature _____

I understand that, in the event my child requires medical or dental treatment while engaged in an activity sponsored by First United Methodist Church, Hudson, 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, current medications, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

I also understand that I am responsible for medical/dental expenses incurred on behalf of my child for any emergency treatment required while participating in activities sponsored by First United Methodist Church of Hudson.

Signature _____ Date _____
(Parent or guardian)

Witness _____ Date _____