

Meridian Street United Methodist Church

Youth Ministries—Upper Room and 4Twelve

Parental Consent Form for General Use

August 2017-August 2018

Student Name _____ Age _____ Birth Date _____

Address _____ Phone _____

Youth E-mail _____

Parent E-mail _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in the Youth Group activities sponsored by Meridian Street United Methodist Church, including transportation to and from events. Effective date for this form is August 2017-August 2018.

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 on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred relating to such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned realizes that she or he will be contacted as soon as possible in the case of an emergency.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Youth Group activities .

Hospital Insurance: yes _____ no _____

Insurance Company: _____

Policy Number: _____

Preferred Hospital: _____

Primary Doctor: _____

First Emergency Phone Number (and name): _____

Second Emergency Phone Number (and name): _____

Parents Signature: _____ Date: _____

[Type here]

Is there any information we should know that would help to insure your youth's good health? (Allergies, ongoing medications, etc.) Use back to write more information.