This form will be held on file, and considered legal consent for all FUMC Youth activities that your child attends

First United Methodist Church, Madison WI

Parental Consent Form

(All Participants under 18)

Date: ____ /_____ / ____

NAME ______________________________ AGE _____ BIRTHDATE _____________

ADDRESS ____ E-MAIL _____________________________________

CITY ______________________________ STATE _____ ZIP CODE _______________

TELEPHONE (____) _______________ Home GRADE IN OR COMPLETED _____________

Parent or Guardian's Name 1 _________________________

Work # (____) _______________ Cell # (_____) _______________ E-mail _________________________

Parent or Guardian's Name 2 __________________________

Work # (_____) ______________ Cell # (_____) _______________ E-mail _________________________

PARENTAL CONSENT:

The undersigned does hereby give permission for my child, ____________________________________ to attend and participate in the youth activities sponsored by First United Methodist Church in Madison, Wisconsin.

MEDICAL: As parent or guardian, 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 hospital care. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

TRANSPORTATION: We, the undersigned, do hereby give permission for my child to ride in any vehicle designated by the Coordinator of Youth & Young Adult Ministries while attending and participating in activities sponsored by First UMC.

PUBLICITY: We, the undersigned, also give First UMC permission to use the participant's image in any publication materials online and in print that might be used to promote ministry in the future. These images can be viewed by the general public, but will be removed as soon as possible if requested. FUMC remains the sole owner of such photographs & videos and that no financial profit will be made by it or the photographers by my image without my (our) written consent.

BEHAVIOR: We, the undersigned, agree to abide by appropriate behavior and language that is consistent with respect & kindness to others. We also understand that inappropriate behavior towards another group member, private party, church property, vehicles, the property or persons or churches we may visit during an event may result in the youth being financially liable for their actions. In the event of property damage, the student and parent agree to reimburse all damages caused by the student. Should it be necessary for my child to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs.

Student's Signature ____________________________________ *(Signature)*

Parent or Guardian ____________________________________ (*Please Print)*

____________________________________ *(Signature)*

Please complete the reverse side, Medical Form. Thanks.

First United Methodist Church, Madison, WI

Medical Form

NAME **BIRTHDATE**

THINGS WE NEED TO KNOW:

Check Boxes That Apply

Allergies	☐ Heart Condition	☐ Hearing Aid
☐ Food ____________________	☐ Convulsions/Seizures	☐ Diabetic
☐ Seasonal - Season __________	☐ High Blood Pressure	☐ Asthma
☐ Bee Stings	☐ Frequent Stomach Upset	☐ Glasses
☐ Penicillin	☐ Fainting	☐ Contacts
☐ Other _____________________	☐ Other _______________	

RECORD OF SICKNESS/IMMUNIZATION:

Check Boxes That Apply

☐ Chicken Pox

☐ Immunization Tetanus (Booster)_______________

☐ Hepatitis

MEDICATIONS/DIETARY NEEDS:

Please Insure That Your Son/Daughter has these with them At All Activities (i.e. Inhalers)

Are there any routine treatments or medications required by your child on a daily basis?

☐ No ☐ Yes If yes please list: ____

____

☐ The student can take their medication on their own.
☐ The student must have this administered by an adult.

Are there any special dietary needs?

☐ No ☐ Yes If yes please list: ____

____

INSURANCE/DOCTOR INFORMATION

Hospital Insurance: ☐ No ☐ Yes Insurance Company: _______________________

Doctor's Name: ______________________ Insurance Policy #: _____________________

Doctor's Phone #: **(_____)**________________ Dentist/Ortho. #: **(_____)**_______________

Dentist/Orthodontist. Name: ____

PARENT OR GUARDIAN SIGNATURE: ___________________________________

Please complete the reverse side, Parental Consent Form. Thanks.

203 Wisconsin Avenue Madison, Wisconsin 53703-2105
Phone: 608-256-9061 Fax: 608-256-6633 Website: www.fumc.org

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