

2013-2014 Parker UMC Youth Ministries – Parental Consent Form

Name of Youth: _____ School: _____
 Address: _____ Age: _____ Grade: _____ Gender: _____
 City: _____ State: _____ Zip: _____ Home Phone: _____
 Email Address: _____ Cell Phone: _____
 May we add youth's email to our mailing list? Y or N May we text youth? Y or N
 T-Shirt Size: S M L XL XXL (Circle One)

Emergency Contact Information

Parent Name: _____ Parent Name: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Email: _____ Email: _____

To whom it may concern:

The undersigned hereby understand the potential risks involved with youth group activities and give permission for my (our) **youth**, _____, to attend and participate in Parker UMC Youth activities sponsored by Parker United Methodist Church for the period of 8/1/2013-8/31/2014. I (we) 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, licensed under the provisions of the Colorado Medical Practice Act or similar licensing laws, any dentist licensed under the provisions of the Dental Practice Law of Colorado or similar licensing laws, or the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician, dentist, or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with any medical, dental, hospital or other services rendered to the afore mentioned child pursuant to this authorization.

Should it be necessary for my (our) youth to return home due to medical reasons or otherwise, the undersigned shall assume all costs including, but not limited to, transportation, lodging, meals, and other related costs.

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

The authorizations contained in this Parental Consent Form can only be revoked in writing, signed by the persons whose signatures appear below, and hand delivered to the Parker UMC Youth Minister or the Senior Pastor of Parker UMC.

Medical Insurance: _____ Policy #: _____
 Phone: _____ Policy Holder's ID #: _____
 Address: _____ Relation to Policy Holder: _____
 City: _____ State: _____ Zip: _____
 Physician's Name: _____ Phone: _____
 Last Date of Tetanus Shot: _____ Medications you CANNOT Take: _____
 Known Allergies: _____
 Medication: _____

May we use your youth's picture for purposes deemed necessary by Parker UMC Youth Ministries? Y or N

Parent Signature: _____ **Date:** _____
Parent Signature: _____ **Date:** _____