



**First United Methodist Church McAllen**  
**Youth Ministry**

**Parental Consent/Permission Form**



**STUDENT'S PERSONAL INFORMATION**

Student's Last Name:		First:	Middle:	Allergies:	Grade:
Parent/Guardian Name:				Parent/Guardian Mobile #:	
Home Address:			City:	State:	Zip:
Gender:	DOB:	School:	Nick Name:	Parent's Email:	

**STUDENT'S MEDICAL INFORMATION**

Physician's Name:		Physician's Phone Number:			
Medications:		Health Concerns or Special Needs:			
Medical Insurance Provider:		Medical Insurance Policy Number:		Name of Policy Holder:	
Last Tetanus Shot:		Hospital Preference:			

**PARENT'S MEDICAL TREATMENT AUTHORIZATION**

Emergency Contact other than Parent/Guardian:		Phone Number:	Relationship:
<p>I authorize EMS personnel and/or emergency physicians and other medical professional or hospital staff to provide necessary medical treatment to my child who is identified above.</p>			
<p>By my signature below, I the parent or legal guardian of the student identified herein, give my consent for my child/teen to participate in children/youth activities, outings and other trips sanction or sponsored by FUMC, McAllen, TX. I understand this includes, but is not limited to transportation for activities away from the physical premises of FUMC McAllen. I further understand that transportation will be provided as per the Child/Youth/Adult Safety Policy of FUMC McAllen, as may be amended from time to time. I also authorize staff and chaperones to authorize any and all medical treatment necessary for the protection of the health and well being of my mentioned child. This consent shall be deemed in effect for the remainder of 2017 from the date signed, unless revoked in writing.</p>			
Parent/Guardian Signature:			Date:

**STUDENT BEHAVIOR AFFIRMATION & PHOTO/MEDIA RELEASE**

<p>By my signature below, I, the student/participant agree to be on my best behavior at this and all events. I understand that I am responsible for my actions and will be given three chances to correct my attitude/actions when I make mistakes. I will try to uphold the Youth Ministries' expectations during this and all events. I will treat everyone with respect, including chaperones, leaders, camp staff, and all of my peers. I also agree not ring any items that might disrupt my time with od and fellowship with my fellow peers. I understand I will loose my privilege of any items that I over use or use at the wrong time. If my action are not appropriate behavior, I understand I will be sent home.</p>	
<p>First United Methodist Church regularly makes use of videotaping and photographing during our worship services and events. These may be used in print or digital publications, in audio, video, or photo format. If you have any concerns please call the church office at: (956) 686-3784. My signature below gives permission for photos/videos taken at all church/youth events .</p>	

Student Signature:	Date:
Parent/Guardian Signature:	Date: