



**First United Methodist Church McAllen
Youth Ministry**

2018 Parental Consent/Permission Form



STUDENT'S PERSONAL INFORMATION

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|-----------------------|------|---------|------------|---------------------------|--------|
| 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

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|-----------------------------|-----------------------------------|---------------------------|--|
| 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

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| Emergency Contact other than Parent/Guardian: | Phone Number: | Relationship: |
| <p>I, the undersigned parent or guardian, do hereby attest that all the information on this form concerning my son/daughter mentioned above is the most current available for my child (the "Participant"). I give my permission for the Participant to participate in the activities of the FUMC McAllen Youth Ministry. This includes all sponsored activities on or off the premises of FUMC McAllen, including any and all activities involving travel and/or lodging. This permission shall remain in effect until December 1st, 2018 unless terminated in writing. I hereby authorize FUMC McAllen staff/chaperones to administer the medications as listed above. In order for my child to receive necessary medical treatment from medical staff and/or physicians in a medical clinic or hospital in case of illness or injury, I hereby consent to and authorize the ministry staff to obtain and consent to medical treatment for such illness or injury during the activity or activities of FUMC McAllen Youth Ministry. It is understood that this authorization and consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of the Participant, in my absence, and medical staff to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. This medical consent will remain effective until December 1st, 2018. I understand that any and all medical expenses incurred are my responsibility.</p> | | |
| <p>I hereby give my permission for the Participant to be transported in any vehicle designated by any ministry leader designated by FUMC McAllen staff, and in whose care the Participant has been entrusted while attending and participating in an activity or activities of FUMC McAllen Youth Ministry. In consideration of FUMC McAllen Youth Ministry here allowing my child to participate in activities referenced above, I agree to release and hold harmless FUMC McAllen Youth Ministry, its officers, agents and/or designated leadership, from any liability to or responsibility for bodily injury, damage or illness to my child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by FUMC McAllen Youth Ministry. Further, I agree to indemnify and hold harmless FUMC McAllen, its officers, agents and/or designated leadership with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.</p> | | |
| Parent/Guardian Signature: | Date: | |

STUDENT BEHAVIOR AFFIRMATION & PHOTO/MEDIA RELEASE

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| <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> |

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|----------------------------|-------|
| Student Signature: | Date: |
| Parent/Guardian Signature: | Date: |