

# First United Methodist Youth Permission and Medical Consent Form

I hereby give my permission and approval as parent(s) and/or guardian for

\_\_\_\_\_ (Youth Full Name)

to attend any and all trips and activities sponsored by FirstYouth Ministries of First United Methodist Church, Oak Ridge, TN effective the date this form is signed. It is my understanding these trips and activities are approved by the church and are appropriately chaperoned by leadership and parents. This consent is in effect until written revocation is made or until graduation from high school, whichever comes first.

I understand the above named youth is expected to obey all rules and regulations which will be stated prior to the event. In case of serious violation of any rules and/or regulations, I understand I may be contacted and will be expected to make arrangements, including any expenses, for my youth to return home.

In the event the above named youth becomes ill or sustains an injury while on a First UMC Youth event or activity, I give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment including, but not limited to, emergency surgery or procedures, and assume the responsibility of all costs if necessary.

I understand this consent will apply to all emergency situations, and that a copy of this form is as valid as the original. I further understand it is my responsibility to update this form should information change.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

## Health Summary

Describe any chronic or recurring health problems or physical limitations:

List medication youth takes regularly \_\_\_\_\_

Regular Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Company/Policy Number \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Youth Date of Birth \_\_\_\_\_

Emergency Contact:

Home Phone \_\_\_\_\_

Parent/Guardian 1 Cell \_\_\_\_\_

Parent/Guardian 2 Cell \_\_\_\_\_

Additional family member name and cell \_\_\_\_\_

*Turn this form in to the church office or to Kayla Carico, in person or at [kcarico@fumcor.org](mailto:kcarico@fumcor.org)*