eStreet Youth Ministry

Contact & Parental Consent Form 2011-2012

Student Information

Name_____Grade_____Gender____DOB_____

Email _____ Cell#(_____)_____ FB_____

Address_____City_____State_____

Zip_____Home Phone_____ School_____

Parent/Guardian Information*

Name(s)_____ _____

Home/Cell#(_____)_____ (_____)_____

Work/Cell#(_____)_____ (_____)_____

Email(s)_____ _____

Please include me in weekly emails Y / N Please include me in weekly emails Y / N

**Secondary Emergency Contact* Name_____Relationship_____

Phone # _____

Insurance Information

Insurance Co._____Group#_____Policy#_____

Cardholder_____Relationship to Cardholder_____

Insurance Co. Address_____

Insurance Co. Phone (_____)_____

Student Medical Information

Physician's Name_____ Phone (_____)_____

Physical Limitations (Asthma, fainting, diabetes, allergies, etc.) and/or Special Instructions (Allergic to certain meds, wears contact lenses, etc.):

_____

_____

List ALL medication taken on a regular basis and/or any brought to a Church activity (Prescription meds MUST have a pharmacy label and name of doctor):

_____

_____

List all operations/serious injuries and dates within the past five (5) years:

_____

_____

The health history is correct so far as I know, and my child, _____, has permission to engage in all ESUMC prescribed activities except as noted.

Emergency Authorization – I hereby give permission to medical personnel selected by Edenton Street United Methodist Church (ESUMC) to order X-rays, routine tests, and treatment for above mentioned child, if deemed necessary. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by ESUMC to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to above mentioned child.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release ESUMC and its employees or agents from liability associated with participation in a church activity.

I understand that should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in transporting to, and talking place in recreational activities and other activities related to participation in youth functions.

I understand, by signing below that I fully understand the contents of this document.

Signature of Parent/Guardian_____Date_____