

Sand Point Community United Methodist Church
PARENTAL CONSENT AND MEDICAL FORM

The undersigned do/does hereby give permission for our/my child to attend and participate in activities sponsored by Sand Point Community United Methodist Church (either on or off church premises). We realize that a more specific permission slip may be required for certain off-premises activities (i.e. retreats and day trips).

First Name: _____
Last Name: _____
Preferred Name: _____ Date of Birth: ____/____/____
Parent/ Guardian Name: _____ Relationship: _____
Parent/ Guardian Name: _____ Relationship: _____
Address: _____
Grade: _____ School: _____
Home Phone: _____ Work Phone(s) _____
Cell Phone(s): _____
Email(s) (Parent/ Guardian): _____
Emergency Contact Name: _____
Relationship: _____
Emergency Contact Phone(s): _____
Physician _____ Phone Number _____
Insurance Company _____
Policy Holder's Name/Individual Policy #(s) _____
Please note any SPECIAL NEEDS (i.e. hearing aids, glasses, reading problems, etc...)

Allergies (Food, Environmental, or Medicine): ____ Yes ____ No
If yes, please provide details: _____

Photo/ Video Release: I hereby consent to and give my permission to Sand Point Community United Methodist Church to use my child's picture, voice, and likeness in its programs and activities, including the advertisement and promotion of same.

Signature: _____
Identify any medications that your child will bring with him/ her: _____

We/I authorize an adult, in whose care the minor has been entrusted, to consent to any x-rays, anesthetic, medical, surgical or dental diagnosis or treatment. Also any hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We/I assume responsibility for any expenses incurred, and understand that our Insurance will be the primary Insurance to be used in the event of an emergency. We/I understand that the church and/or adult youth advisor cannot be held responsible. We/I understand that the staff, advisors and adult leaders will do everything within their ability to ensure the safety of my/our child while in their care.

The undersigned do/does hereby give permission for our/my child to ride in any vehicle designated by an adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Sand Point Community United Methodist Church.

Signature of Parent(s) or Legal Guardian(s): _____ Date: ____/____/____