

**Parental Consent Form  
Hope Youth Ministry Activities  
2013-2014**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ HM Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Wk Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hm Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Wk Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

**To Whom it may concern:**

**The undersigned does hereby understand the potential risks involved in youth group activities and give permission for our (my) youth, \_\_\_\_\_, to attend and participate in activities sponsored by Hope United Methodist Church for the 2013- 2014 year. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and 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 or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.**

**(Please complete other side)**

**The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.**

**Should it be necessary for our (my) youth to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.**

**The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Hope United Methodist Church.**

**Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**Youth's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Youth's Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Allergies?** \_\_\_\_\_

**Medications ?** \_\_\_\_\_

**Date of last Tetanus/DPT** \_\_\_\_\_

**Other Medical Conditions** \_\_\_\_\_

**Permission to give certain over-the-counter medications :**

**(Initial each medication for which you are giving permission)**

___ ibuprofen (i.e. Advil, Motrin, Nupria)	___ antibiotic cream (i.e. Bacitracin Cream, Polysporin)
___ acetaminophen (i.e. Tylenol)	___ antihistamine/decongestant (i.e. Benadryl, Sudafed)
___ hydrocortisone cream (i.e. Cortaid)	___ sunscreen
___ antacid (i.e. Mylanta, Maalox)	___ cough syrup
___ Pepto Bismal	___ Other _____

**Please attach a copy of the youth's insurance card and a current picture and sign below:**

**Please sign below:**

**Father** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Date** \_\_\_\_\_