Yearly Parental Consent Form
Hope Youth Ministry Activities
2017-2018 Valid Aug 2017-July 2018

Student 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 2017- 2018 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_________________

Student's Physician ________________________________ Phone __________________

Student'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)
____ acetaminophen (i.e. Tylenol)
____ hydrocortisone cream (i.e. Cortaid)
____ antacid (i.e. Mylanta, Maalox)
____ Pepto Bismal
____ antibiotic cream (i.e. Bacitracin Cream, Polysporin)
____ antihistamine/decongestant (i.e. Benadryl, Sudafed)
____ sunscreen
____ cough syrup
____ Other ___________________________________

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

Please sign below:

Father ____ Date________________

Mother ____ Date________________