

First United Methodist Youth

Contact

Youth Name _____ Date of Birth _____

Parent's/Guardian's Name _____

Home Phone _____ Cell Phone _____ Other Phone #'s _____

Emergency Contact

Name _____

Relationship _____

Home Phone _____ Cell Phone _____ Other Phone #'s _____

Medical Information (attach front and back copy of insurance card)

Family Doctor _____ Phone # _____

Insurance Company _____

Policy Name _____ Policy Holder _____ Policy Number _____

Allergies/Special Health Considerations:

Date of last tetanus shot:

Activity Permission and Parental Consent

I, the undersigned, do hereby give permission for my child, _____ to attend and participate in activities sponsored by First United Methodist Church of Belmont, NC. I also give permission for my child to ride in the First United Methodist Church Van or any vehicle driven by an adult in whose care my child has been entrusted.

In the case of accident or injury, I authorize an adult in whose care my child has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis. That adult may also consent to treatment and hospital care, to be rendered to my child under the advice and general or specific supervision of any physician or dentist licensed under the provisions of the Medical Practice or the medical staff of a licensed hospital, whether such diagnosis treatment takes place at the office of said physician or said hospital.

I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the afore mentioned child pursuant to this authorization. Should it be necessary for my child to return home for medical reasons or otherwise, I shall assume all transportation costs.

Parent or Legal Guardian's Signature _____

Parent or Legal Guardian's Name (Please Print) _____

Date _____