

**Girard First United Methodist Church**  
**PARENTAL CONSENT / MEDICAL FORM:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
PLEASE PRINT NAME ABOVE

Home Address: PO Box/Street City: State: Zip: \_\_\_\_\_

In case of an Emergency notify one of the following two persons:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Are you taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

Do you have any special conditions we should know about (Epilepsy, Diabetes, etc.) \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Any special "food needs" \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Parent's Authorization for Medical treatment:** This health history is correct as far as I know, and the person herein described has permission to engage in all activities during the 2015 year except as noted by me. I hereby give permission to the physician selected by the adult leader(s) of the event to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the DYC adult leader(s) to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Parent/Guardian Name: \_\_\_\_\_

**Parent's Permission for Participation in Girard First UMC "official " business for the year 2015:** I hereby give permission for my child, whose name appears on the top of this form, to participate in all Girard First UMC meetings, overnights, retreats, and special events with supervision provided by Girard First UMC adult volunteer(s) that may provide transportation for my child to and from such meetings, overnights, retreats, and special events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Parent/Guardian Name: \_\_\_\_\_

**Authorization to take Photographs/Videos:** I also \_\_\_\_\_ give \_\_\_\_\_ do not give (check one) permission for my child, named above, to be photographed/videoed during the 2015 years and for these photographs/videos to be used in social media and other uses by the Girard First UMC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Parent/Guardian Name: \_\_\_\_\_