

HENDERSONVILLE FUMC YOUTH MINISTRIES MEDICAL INFORMATION AND ACTIVITY FORM

DATED FOR AUGUST 1ST, 2009 THROUGH AUGUST 31ST, 2010

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PARENT / GUARDIAN NAMES: _____

HOME PHONE: _____ : _____

WORK PHONE: _____ : _____

CELL PHONE: _____ : _____

EMAIL: _____

IN CASE OF EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED)

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

MEDICAL INFORMATION:

ANY SPECIAL CONSIDERATIONS WE NEED TO BE AWARE OF WITH YOUR CHILD?
(ALLERGIES, MEDICATIONS, PAST HISTORY, ETC.) USE BACK OF SHEET IF NECESSARY

NAME COVERAGE IS UNDER: _____ CARRIER: _____

POLICY NUMBER: _____ ID NUMBER: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

STATEMENT OF RELEASE:

THE ABOVE NAMED YOUTH HAS MY PERMISSION TO PARTICIPATE ON FIRST UNITED METHODIST CHURCH YOUTH MINISTRIES EVENTS BETWEEN AUGUST 1ST, 2009 THROUGH AUGUST 31ST, 2010. I GIVE MY PERMISSION FOR FIRST UNITED METHODIST CHURCH AND ITS REPRESENTATIVES TO TRANSPORT MY CHILD ON YOUTH TRIPS AND OUTINGS. I ALSO UNDERSTAND THAT FIRST UNITED METHODIST CHURCH AND ITS REPRESENTATIVES ARE NOT LIABLE SHOULD INJURY COME TO MY CHILD. I GIVE PERMISSION FOR EMERGENCY MEDICAL CARE TO BE GIVEN BY A HEALTH CARE PROFESSIONAL SHOULD MY CHILD NEED SUCH TREATMENT BEFORE I CAN BE CONTACTED.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ PRINTED NAME: _____

PHOTO RELEASE: PERMISSION GIVEN TO PHOTOGRAPH & FILM CHILD AND USE FOR HENDERSONVILLE FIRST UNITED METHODIST CHURCH PROGRAMS AND EVENTS.

PARENTS INITIALS: _____