



First United Methodist Church of Littlefield, Texas

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: Birth date:
Street Address: Participant's Primary Phone Number:
City, State & Zip: Email or Text Number:

I give permission for my child (named above) to attend all supervised activities, events, field trips, and service projects associated with the Student Ministry (923 Student Ministry) and with First United Methodist Church of Littlefield, Texas. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by the First United Methodist Church. (Initial _____)

Liability Release

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. (Initial _____)

Medical Release

In the event of an emergency and I am unable to respond, I authorize the Youth leaders or staff of the First United Methodist Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical/dental treatment and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care, under the supervision and upon the advice of a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act, for my child. I understand that I am responsible for payment of treatment. (Initial _____)

Custody Release

I further authorize the youth leaders of the First United Methodist Church of Littlefield, Texas to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult. (Initial _____)

Photo Release

I also give permission to photograph and record (digitally and analog) my child and to use his/her image and sound prints in promotional materials for First United Methodist Church. (Initial _____)

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s) Parent(s)/Guardian(s) Primary Phone Number
Street Address Parent(s)/Guardian(s) Secondary Phone Number
City State Zip Parent(s)/Guardian(s) Email address

Additional Contact

Name: Relationship to Participant: Additional Contact Phone Number

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

Complete Back Page



HEALTH CARE INFORMATION

Physician

Dentist

Name
Phone
Medical Insurance Company
Policy/Group Number
Name of Policy Holder

Name
Phone
Dental Insurance Company
Policy/Group Number
Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

[Empty box for allergies]

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

[Empty box for prescription medication]

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

[Empty box for non-prescription medication]

Please list any additional information relevant to participating in youth activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; mental health concerns, learning disabilities, any restrictions, etc.):

[Empty box for additional information]

Information provided on this form will be kept strictly confidential.
Please complete this form, print it, sign it, and give it to the appropriate youth volunteer or director.

Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date