

**FIRST UNITED METHODIST CHURCH
AUTHORIZATION FOR MEDICAL CARE**

This form is to be used for FUMC Mission Day Camp 2024 June 10-13th ONLY

Name of Child: _____

Date of Birth: ___ / ___ / ___ Age: _____ Child cell: _____ Cell Phone Carrier: _____

Address: _____ ZIP: _____

Parent(s)/Guardian:

Mother's Name: _____

Address: _____

Home Phone: _____ Cell #: _____ Work #: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell #: _____ Work #: _____

Alternate Contact: _____

Address: _____

Home Phone: _____ Cell #: _____ Work #: _____

Please check all applicable conditions for which your youth has been diagnosed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Intellectual/
Developmental Impairment |
| <input type="checkbox"/> Cardiac Issues | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional Handicap | |

If you have checked any of the above, please give details, including all known allergies:

Any restrictions that should be observed:

Date of last tetanus shot: _____

Medication taken on a regular basis: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Health Insurance Group: _____

Group Number: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____

**INCLUDE A COPY OF YOUR INSURANCE
CARD!**

The undersigned Parent(s)/Guardian, hereby:

- (1) Certifies that the above information is true and correct.
- (2) Agrees to update the above information with any changes, including providing a copy of any new insurance card received.
- (3) Waives any claim against First United Methodist Church and its employees and volunteers.
- (4) Authorizes and Clergy person, Staff person, Adult Volunteer or Youth Counselor of First United Methodist Church of Baton Rouge, Louisiana to take whatever steps may be necessary to obtain emergency medical care for the above listed youth, including, but not limited to, the following:
 - a. Attempting to contact parents or guardians through the numbers listed on the form
 - b. Attempting to contact the youth's physician or dentist listed above
 - c. Transporting the youth to any doctor's or dentist's office, any medical facility, or any hospital, including calling an ambulance
 - d. Consenting to the treatment of the youth, including consent to any x-ray examination; anesthetic; medical, surgical or dental diagnosis or treatment; and hospital care to be rendered to the youth under the general or special supervision and on the advice of any physician or dentist. This consent includes the right to choose between alternative treatments. It is understood that this authorization is give in advance of any specific diagnosis, treatment, or representatives of First United Methodist Church of Baton Rouge, LA to give specific consent to any and all treatment that a provider may deem advisable in his or her professional judgment.
- (5) Gives permission to transport the youth home if necessary for medical reasons.
- (6) Agrees to pay any expenses incurred under numbers 3, 4, or 5 above.
- (7) Agrees that First United Methodist Church of Baton Rouge and/or its representatives will not be responsible for anything that may happen as a result of false information given on this form, or the failure to update this form.

PARENTAL CONSENT FORM:

I, _____, the parent/guardian of _____, give my child permission to participate in the **Mission Day Camp 2024 June 10-13th** with First United Methodist Church in Baton Rouge. I acknowledge that I am allowing my child to participate entirely upon my own initiative, risk, & responsibility. I understand that my child may be exposed to certain unusual risks that may involve, among other things, the following: Dangers resulting from athletic and service activities, disease; from geographic features which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat & humidity.

Signature(s) of Parent(s):

_____ Date: _____

_____ Date: _____

Parents sign here →

CHILD COVENANT OF BEHAVIOR:

Trips are important in the life of youth at FUMC. It is essential each participant enters into covenant with God and one another before we travel. All participants should be aware of behaviors that may serve as "stumbling blocks" for others. We expect each person to support all aspects of the trip—with his or her abilities, time, presence and prayers.

Some guidelines:

1. I will come with an open mind, loving heart and willing spirit.
2. I will be a contributing group member and will participate in all group activities
3. Everything I do and say will be helpful/supportive
4. I will be on time to all activities
5. I will adhere to the Golden Rule: treating others as I want to be treated
6. I will leave each place and person better than I found it
7. I will respect differences in others' understanding of who God is in their lives.
8. I will recognize that my body is a temple of God: I will not use any improper language, indecent dress, alcohol, tobacco, cigarette product (or similar), or uncontrolled substance
9. I have read and agree to abide by this Covenant

Signature of Child: _____ Date: _____

Child sign here →

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INCLUDE A COPY OF YOUR
MEDICAL
INSURANCE
CARD

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