

FIRST UNITED METHODIST CHURCH

625 5th Street, Brookings, SD

Phone: 692-4345

FAX: 605-692-0909

Parental Consent Information Form

Each participant is required to have his/her parent/guardian complete and sign the following Consent Form for any parish sponsored activity on or off parish property. (One sheet per family)

Children's/Youth's Names Grade /Age

Four horizontal lines for entering child names and ages.

I, the parent/guardian of above stated child(ren) who live(s) at _____, authorize my children's voluntary participation in the above activity sponsored by First United Methodist Church, Brookings, SD. I appoint First United Methodist Church to chaperone my child and give that person power and authority to consent to any medical, hospital or dental care for my minor child which in the discretion of the chaperone is necessary as the result of an occurrence on the activity mentioned above.

On behalf of my child and myself, I release and forever discharge First United Methodist Church, the chaperone, the pastor, agents, employees and any and all volunteers assisting with the above activity, from all claims, demands, judgments, liabilities, including attorney's fees, costs and expenses arising from injuries or illness my child might suffer while participating in the event sponsored by First United Methodist Church, except any claims that arise from willful acts or omissions or acts of gross negligence.

I authorize the use of photographs, video or other images of my child for church promotion including our web page.

Parent/Guardian Date

Home Phone Number Cell Work Phone Number

Medical Information

Please complete and return the requested medical information listed below.

Medical Insurance Company

Insurance Company Pre-authorization Number

ID Number(s)

Plan [] Policy [] Group []

List any medication your child is taking.

Name Medication Dosage/Directions

Four horizontal lines for listing medication details.

Physician's Name Phone Number

Horizontal line for physician name and phone number.

Name other than Parent/Guardian Phone Number

Horizontal line for other name and phone number.

Health Information

- Diabetes []
Heart Disease []
Seizures/Epilepsy []
Medic Alert ID []
Asthma/Respiratory Problems []
Diet Restrictions []

Allergies

Other Medical Conditions

If you have made any medical notations, please give details and any special instructions on the reverse side of this page.