

**APPENDIX VI
PARENTAL CONSENT AND MEDICAL AUTHORIZATION
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Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:

Good Swimmer Fair Swimmer Non-Swimmer

2. Does your child have allergies? Yes No

If yes, fill out additional meds form.

Pollens Medications Food Insect Bites

3. Does your child take any medications? Yes No

If yes, fill out additional meds form.

4. Does your child suffer from, or ever experienced, or is being currently treated for any of the following:

Asthma Epilepsy/seizure disorder Heart Trouble

Diabetes Frequently Upset Stomach Physical Handicap

5. Date of last tetanus shot: _____

6. Does your child wear: Glasses Contact Lenses

7. Please list and explain any major illnesses the child experienced the last year:

Additional Comments: _____

Should this child's activities be restricted for any reason? Please explain:

May your child have Tylenol, Motrin, Antacids, if needed? Yes No

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For your information, we expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs or tobacco

No students can drive

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls sleeping quarters and no girls in boys sleeping quarters

Participation with the group is expected

Respect property

Respect one another, staff and adult leaders

Respect and comply with event schedules

Students who fail to comply with these exceptions may be sent home at their parents expense.

I, the student, have read the rules of conduct, the above evaluation of my health and permission to participate in youth group activities, and I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

Activities my include, but are not limited to cookouts, boating, water skiing, swimming, basketball, roller staking, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. **NOTE: If you desire to limit your childs participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.**

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_____ has my permission to attend all youth
Name of Student
activities sponsored by Georgianna United Methodist Church (hereinafter the
"church") from _____ to _____.
Date Date

This consent form give permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/here to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We 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/our child's involvements. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: _____ Date: _____

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MEDICATION AND ALLERGY HISTORY

List all medications that your child is allergic to:

Medication	Type of Reaction
_____	_____
_____	_____
_____	_____
_____	_____

List all medications that your child takes on a daily basis or as needed:

Medication	Dosage	Time of Day
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have allergies to insect bites. If so, please list.

Type of Insect	Type of Reaction	Type of Treatment Required
_____	_____	_____
_____	_____	_____

Does your child have food allergies? If so, please list.

Type of Food	Type of Reaction	Type of Treatment Required
_____	_____	_____
_____	_____	_____
_____	_____	_____