

Hillview United Methodist Church Youth Emergency Information and Consent Form

Name _____ School _____ Grade _____

Birthdate _____

Address _____ City _____ Zip _____

Home Phone _____ Student's Cell Phone _____

Parent/Guardian Name(s) _____

Emergency Contacts

Primary Contact _____ Relationship _____ Best Phone _____ <div style="text-align: center;">Home/cell/work</div> Alt. Phone _____ <div style="text-align: center;">Home/cell/work</div> Email _____
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Secondary Contact _____ Relationship _____ Best Phone _____ <div style="text-align: center;">Home/cell/work</div> Alt. Phone _____ <div style="text-align: center;">Home/cell/work</div> Email _____
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The undersigned hereby understand the potential risks involved with activities and give permission for my (our) child, _____, to attend a participate in Hillview Youth Group activities sponsored by Hillview United Methodist Church (UMC) for the period of 2016-2017, I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician, licensed under the provisions of the Idaho Medical Practice Act or similar licensing laws, any dentist licensed under the provisions of the Dental Practice Law of Idaho or similar licensing laws, or the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician, dentist, or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with any medical, dental, hospital or other services rendered to the afore mentioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all costs including, but not limited to, transportation, lodging, meals and other related costs. The undersigned also hereby give permission for my (our) child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Hillview UMC.

The authorizations contained in this Parental Consent Form can only be revoked in writing, signed by the persons whose signatures appear below, and hand delivered to the Director of Christian Education, The Pastor of Hillview United Methodist Church or the Youth Director.

Medical Insurance Company _____

Policy Number _____ Group Number _____

Youth's Physician _____ Phone _____

Dental Insurance Company _____

Policy Number _____ Group Number _____

Youth's Dentist _____ Phone _____

Known Allergies _____

Current Medications _____

Date of Last Tetanus/DPT _____

Other Medical Conditions _____

Parent/Guardian Signature(s) _____ **Date** _____

Occasionally, Hillview UMC uses photographs of youth in print publicity such as newspapers, newsletters, brochures, Facebook, etc. and on the church website. No last names will be used on the internet. Please check one of the options below and sign underneath.

- I give permission for Hillview UMC to use my child's picture and name in public materials.
- I give permission for Hillview UMC to use my child's picture, but NOT name in public materials
- Please DO NOT use my child's picture or name in any publicity.

Parent/Guardian Signature(s) _____ **Date** _____