



# RockSOLID YOUTH MINISTRY

## CONSENT AND MEDICAL PERMISSION FORM

Halifax United Methodist Church • 105 Wind Hill Drive • Halifax, PA 17032 • (717) 896-8092

This Consent Form gives permission for my child to participate in any activity sponsored by Halifax UM Church.

SCOPE: **ALL ACTIVITIES** FOR DATE PERIOD **SEPTEMBER 2011** THROUGH **AUGUST 2012**

CHILD/STUDENT NAME:

BIRTHDATE:                      AGE:                      GRADE:                      SCHOOL:

PARENT/GUARDIAN NAME(S):

CHILD/STUDENT'S ADDRESS:

CITY STATE, ZIP:

MOTHER'S PHONE #'S -    DAY:                      NIGHT:                      CELL:

FATHER'S PHONE #'S -    DAY:                      NIGHT:                      CELL:

CALL FIRST:  MOTHER     FATHER

### E-MAIL:

EMERGENCY CONTACT:                      PHONE:

CHILD/STUDENT'S DOCTOR:                      PHONE:

CHILD/STUDENT'S DENTIST:                      PHONE:

HEALTH INSURANCE CO.:                      ID/POLICY #

IS THIS AN HMO?  YES  NO                      GROUP #

IS YOUR CHILD ON ANY MEDICATION?  YES  NO IF YES, LIST:

MY CHILD HAS THE FOLLOWING PHYSICAL CONDITION THAT MAY REQUIRE SPECIAL ATTENTION:

DIABETES     HYPERVENTILATION     CONVULSIONS     SEIZURES     ALLERGIES (PLEASE SPECIFY)  
 OTHER (PLEASE SPECIFY):

MY CHILD REQUIRES SPECIAL ACCOMMODATIONS OR HAS SPECIAL ACCESSIBILITY NEEDS?  YES  NO IF YES, EXPLAIN:

**UNLESS NOTIFIED OTHERWISE (717-896-8092) YOUR SIGNATURE GIVES PERMISSION FOR STILL OR VIDEO PICTURES OF MY CHILD TO BE USED FOR PROMOTIONAL PURPOSES.**

I give permission for my child \_\_\_\_\_ to attend and participate in all events and activities as part of Halifax UM Church for the time frame noted above.

I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the event and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable in excess of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me. Please inform us if there are any changes in the above information throughout the year.

**NAME OF PARENT/GUARDIAN (PLEASE PRINT):**

**SIGNATURE OF PARENT/GUARDIAN:**

**DATE:**