

BOTHELL UNITED METHODIST CHURCH
PARENTAL CONSENT AND MEDICAL FORM FOR YOUTH
Updated September 2013

The undersigned do/does hereby give permission for our/my child to attend and participate in activities sponsored by Bothell United Methodist Church (either on or off church premises). We realize that a more specific permission slip may be required for certain off-premises activities (i.e. retreats and day trips).

First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: ____/____/____

Parent/ Guardian Name: _____ Relationship: _____

Parent/ Guardian Name: _____ Relationship: _____

Address: _____

Grade: _____ School: _____

Home Phone: _____ Work Phone(s) _____

Cell Phone(s): _____

Email(s) (Parent/ Guardian): _____

Email (Youth): _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone(s): _____

Physician _____ Phone Number _____

Insurance Company _____

Policy Holder's Name/Individual Policy #(s) _____

Please note any SPECIAL NEEDS (i.e. hearing aids, glasses, reading problems, etc...)

Allergies (Food, Environmental, or Medicine): _____ Yes _____ No

If yes, please explain: _____

Any medical history that might be pertinent to treatment for injury or illness:

Photo/ Video Release: I hereby consent to and give my permission to Bothell United Methodist Church to use my child's picture, voice, and likeness in its programs and activities, including the advertisement and promotion of same.

Signature: _____

Permission to Administer Medications and Seek Medical Attention: I give my permission to Bothell United Methodist Church to give the following medications (or their generic equivalents) to my child, in accordance with the recommended package dosing for the specific indications listed below:

- Tylenol for mild fever or discomforts
- Benadryl for allergy symptoms
- Ibuprofen for mild fever or discomforts
- Sudafed for allergy symptoms
- Throat Lozenges for coughing and/or sore throat
- Antacid for upset stomach
- Topical Creams for itching, sunburn or insect bites
- Anti-diarrhea meds for diarrhea

Identify any medications that your student does not/may not take: _____

Identify any medications that your student will bring with him/ her: _____

Form of Medicine (Pill, Chewable, Inhaler, etc...): _____

We/I authorize an adult, in whose care the minor has been entrusted, to consent to any x-rays, anesthetic, medical, surgical or dental diagnosis or treatment. Also any hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. Whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We/I assume responsibility for any expenses incurred, and understand that our Insurance will be the primary Insurance to be used in the event of an emergency. We/I understand that the church and/or adult youth advisor cannot be held responsible. We/I understand that the staff, advisors and adult leaders will do everything within their ability to ensure the safety of my/our child while in their care.

The undersigned do/does hereby give permission for our/my child to ride in any vehicle designated by an adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Bothell United Methodist Church.

Signature of Parent(s) or Legal Guardian(s): _____

Date: _____ / _____ / _____