

Asbury United Methodist Church

Parent / Guardian Consent Form

This Parent / Guardian Consent Form indicates that I/we have granted permission for my child to participate in activities sponsored by Asbury United Methodist Church. (Asbury UMC) I/we understand that I/we must complete all sections of this form. I/we understand that as parents and/or guardians I/we are responsible for providing an updated form to the church office, prior to my/our child's participation in an Asbury UMC sponsored event, should there be any changes during the year.

Student Information

Name _____ Social Security Number _____
Street _____ City _____ State _____ Zip _____
Date of Birth _____ Age _____ Grade _____ School _____
Home Phone _____ Email _____

Parent Information

Father _____ Phone: Day: _____ Night: _____
Address _____ Cell # _____
Mother _____ Phone: Day: _____ Night: _____
Address _____ Cell # _____

Emergency Contact Information - In case of emergency, please notify (other than parents):

Emergency Contact Name _____
Relationship _____ Phone: Day: _____ Night: _____
Emergency Contact Name _____
Relationship _____ Phone: Day: _____ Night: _____

Medical Insurance Carrier Information

Insurance Company _____ Policy Holder _____
Policy ID# _____ Policy Holder SS# _____
Policy/Group # _____ Employer _____
Does your insurance carrier require notification within a specific time after treatment is obtained?
Emergency Room: No Yes, within: _____ hrs Other: No Yes, within: _____ hrs
Prescription Carrier _____ Prescription Policy # _____
Prescription co-pay? Yes No - Amt:\$ _____

Office Use

Parent / Guardian Consent Form

Student Name _____ Social Security # _____

(Print)

For the purposes of this consent form, "Asbury UMC" refers to Asbury United Methodist Church, and its professional, and volunteer staff.

This consent form extends permission to Asbury UMC, and its staff, to obtain and direct medical treatment of the above named child, and releases Asbury UMC of any liability associated with personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and grant our consent for him/her to attend events sponsored by Asbury United Methodist Church, or attended by Asbury UMC. 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 involvement. In the event that he/she is injured and requires the medical attention, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician, emergency services personnel, or Asbury UMC staff, provided the care is within their scope of practice. In the event treatment is provided by a physician, hospital, Asbury UMC staff, and/or other medical provider, I/we agree to hold Asbury UMC free and harmless of any claims, demands, or suits for damages arising from granting such consent. I/We also acknowledge that I/we will be ultimately responsible for all costs associated with medical care should the cost of that medical care not be reimbursed by the health insurance provider. I/We acknowledge that Asbury UMC may obtain, and provide to the above name child, prescription medication as prescribed by a physician. I/We acknowledge that Asbury UMC may obtain, and provide non-prescription medication, as indicated by me/us on the Medical History Form.

I/we grant permission for the information contained in the Medical History Form to be provided to those providing care, (medical or otherwise) for my/our child. I/we understand that the information contained on the Medical History Form is considered private by Asbury UMC, and efforts will be made to safeguard the privacy of the information.

Further, I/we affirm that the health insurance / medical history information provided is accurate as of the date submitted and will, to the best of my/our knowledge, still be in force for the student named above. Should the provided health insurance / medical history information change, I accept that it is my/our responsibility to provide an updated form prior to the any activity/event in which my/our child will participate.

I/we also understand that it is my/our responsibility to provide timely transport of my/our child, at my/our expense, should they become ill, or if otherwise deemed necessary by the Asbury UMC.

I/We also give permission for my/our son/daughter to be transported in vehicles operated by an Asbury UMC staff member (of at least 21 years of age).

Name of Parent / Guardian (Please print) _____

Parent / Guardian signature: _____

Date: _____

A Parent / Guardian Consent Form must be provided at the beginning of each school year, and after any changes have occurred with regard to insurance information and/or medical history.

Medical History Form

Student Name _____ Social Security # _____

(Print)

Date: _____

Allergies: any allergies MUST be noted!

- Animals Foods Seasonal /Environmental Plants
 Medications Insect Stings Other

Provide specific allergies: (Ex: penicillin, rag weed, cats, etc.)

Possible/previous reactions: (Ex. Rash, hives, congestion, difficulty breathing, etc.)

Treatment: (Ex. Inhaler, Epi-pen, benedryl, etc.)

Conditions & Injuries

- Asthma Bleeding/Clotting Chicken Pox Convulsions/Seizures
 Diabetes Frequent Ear Infections Hypertension Hypotension
 HIV Frequent Sore Throats Heart Disease / Defect Frequent Upper Respiratory Infections
 Kidney Disease Frequent Headaches Fainting ADD/ADHD
 Migraine Headaches Dislocation (Note Below) Fractures (Note Below) Nosebleeds

Please explain (as necessary) any above checked items, or any other conditions not mentioned. Also note any medical conditions for which your child is currently under a physician's care. Also, any restrictions (physical, dietary, etc.) currently in place.

Immunizations

Are all immunizations up to date? Yes No – Explain: _____

Date of last Tetanus (DPT,DT,TT) **MUST** be listed here: _____

Non-prescription Medications:

My initials before the medication indicate that Asbury UMC staff may provide the following to my child:

_____ Acetaminophen (Tylenol) Regular Strength (650mg) Extra Strength (1000mg) Other _____mg

_____ Ibuprofen (Advil/Motrin) One tablet or 100mg Two tablets or 200mg Other _____mg

_____ Maalox Chewables – Antacid & Antigas (Calcium Carbonate 1000 mg , Simethicone 60 mg)

_____ Other: (Provide Medication & Dose) _____

_____ Other: (Provide Medication & Dose) _____

Medical History Form – cont.

Prescription Medications:

Medication: _____ Diagnosis: _____

Prescribed Dosage & Schedule: _____

If, taken “as needed”, provide guidelines: _____

Possible Side Effects: _____

Additional Notes: _____

_____ My child **MAY** possess and manage administration of this medication as indicated by my initials.

_____ This medication **MUST** be secured and administered by Asbury UMC staff, as indicated by my initials.

_____ This medication **MUST** be available to my child at all times, as indicated by my initials.

Medication: _____ Diagnosis: _____

Prescribed Dosage & Schedule: _____

If, taken “as needed”, provide guidelines: _____

Possible Side Effects: _____

Additional Notes: _____

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Medication: _____ Diagnosis: _____

Prescribed Dosage & Schedule: _____

If, taken “as needed”, provide guidelines: _____

Possible Side Effects: _____

Additional Notes: _____

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Medication: _____ Diagnosis: _____

Prescribed Dosage & Schedule: _____

If, taken “as needed”, provide guidelines: _____

Possible Side Effects: _____

Additional Notes: _____

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