



## FCSUMC Youth – Parental Consent Form

This Parental Consent Form gives permission for my child to participate in an activity sponsored by a local church, cluster, or district of the Susquehanna Conference of the United Methodist Church. (All portions of this form shall be completed for registration.)

Name of Child \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to attend and participate in  
(Full name of child)

**FCSUMC Youth Ministry Trips** to be held between **10/1/2016 and 8/31/2017** at Off Site Locations.

My child has the following physical condition that may require special attention:

Allergies	Asthma	Convulsions	Diabetes
Hyperventilation	Seizures	Other _____	

Does your child require special accommodations or have special accessibility needs?

Explain \_\_\_\_\_  
(The youth director will contact you to discuss these needs.)

**Medical Treatment Release and Liability Release**

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 authority.

I give permission for my child to be transported in vehicles operated by 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.

Name of parent/guardian (Please print) \_\_\_\_\_

Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Medical Carrier \_\_\_\_\_ Group # \_\_\_\_\_

**This form is made available by Property, Casualty, Directors and Officers Insurance Committee of the Susquehanna Conference of The United Methodist Church and may be copied. Approved by Conference Chancellor, Conference Trustees and Property, Casualty, Director and Officers Insurance Committee.**

**Youth name/nickname** \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Email address \_\_\_\_\_ School \_\_\_\_\_ Grad year \_\_\_\_\_  
 Social media preferences \_\_\_\_\_

	MOTHER	FATHER
Name		
Address		
Phone#/ Cell#		
Email address		
Social media circle your preferences	Facebook    Snapchat    Instagram Twitter    Other _____	Facebook    Snapchat    Instagram Twitter    Other _____

Siblings names	Age	Siblings names	Age

I give permission to the following family members and/or friends to pick up my child.

Name	Relationship to the child	Contact phone #

**First Aid** Check all medications/first aid treatments you approve:

All of the following					
<input type="checkbox"/>	Tylenol (Acetaminophen)	<input type="checkbox"/>	Benadryl	<input type="checkbox"/>	Imodium AD (diarrhea)
<input type="checkbox"/>	Advil (Ibuprofen)	<input type="checkbox"/>	Benadryl lotion	<input type="checkbox"/>	Maalox/Tums/Pepto-Bismol
<input type="checkbox"/>	Aleve	<input type="checkbox"/>	Cough Drops	<input type="checkbox"/>	Neosporin
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Sun burn spray

Anything else you want us to know?

I hereby grant permission for my child's photograph to be posted on the Fishing Creek Salem UMC website or the FCSUMC Youth Facebook. This will take effect immediately and will be in force for 1 year, unless otherwise indicated.

Student's Name \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_