

CAMPBELL UNITED METHODIST CHURCH

YOUTH MEDICAL FORM

(to be complete by parent or guardian)

Name _____ Date of Birth ____/____/____ Age ____ Grade ____

Parent/Guardian _____

Home Address _____
(street address) (city) (zip)

Home Phone (_____) _____ Cell Phone 1 (_____) _____

Work Phone (_____) _____ Cell Phone 2 (_____) _____

AUTHORIZATION AND CONSENT TO TREATMENT OF A MINOR

In the event of an emergency, every effort will be made to contact a parent/guardian/emergency contact. If no contact can be made, we, the undersigned parents of _____, a minor, do hereby consent and authorize the adult youth workers of Campbell United Methodist Church, as agent(s) of the undersigned, to consent to any examination, x-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon 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 said hospital.

Signature of Parent/Guardian _____

Date ____/____/____

Emergency Contact: _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

Family Physician _____ Office Phone (_____) _____

Office Address _____

Insurance Company _____ Policy No. _____

Company Address _____

Special Needs, Allergies, Additional information we should know about your child:

Youth Event Permission Slip

My child _____ has my permission to accompany Campbell UMYF (United Methodist Youth Fellowship) to events that are off the church property from September 1, 2018 thru August 31, 2019.

Signature of Parent or Guardian

Date