

## Hendersonville FUMC Youth Ministries Medical Information and Activity Form

For September 1st, 2008 through August 31st, 2009

Please return this completed form to the Youth Ministries Office on the third floor by October 15th, 2008 or as soon as possible with a photocopy of a current insurance card.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In Case of Emergency contact (if parents cannot be reached)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

Any special considerations we need to be aware of with your child? (allergies, medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Name coverage is under: \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

### Statement of Release:

The above named youth has my permission to participate on First United Methodist Church Youth Ministries events between September 1st, 2008 through August 31st, 2009. I give my permission for First United Methodist Church and its representatives to transport my child on youth trips and outings. I also understand that First United Methodist Church and its representatives are not liable should injury come to my child. I give permission for emergency medical care to be given by a health care professional should my child need such treatment before I can be contacted.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_