

Consent Form for Minor Child- Medical and Transportation

Parent/guardian must complete entire form. In the event of an emergency, this form will be essential for parent/guardian contact for your child's medical care. Make sure to sign and date parts 4 and 5 and initial parts 4 and 6. Children and youth need to sign and date part 7. This authorization is effective, unless revoked by parent/guardian.

Part 1: Emergency Contact Information

Parent/Guardian Name(s): _____

Home Address: _____

Email: _____

Cell Phone: _____ Home Phone: _____

In the event that I/we cannot be reached, please contact:

Name (1): _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Name (2): _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Part 2: Family Physician Info and Insurance Company Info

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy # _____

Insurance Company Phone: _____

Part 3: Minor Child Information

Child Name: _____ Date of Birth: _____

Please list all known allergies, medications, & medical conditions:

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

Part 4: Authorization for Medical Care

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release TRINITY UNITED METHODIST CHURCH AND TRINITY OUTREACH PROGRAM (T.O.P.) and its ministers, leaders, employees, volunteers, and other parties involved from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child’s or my family or estate, heirs, representatives, or assigns may have against TRINITY UNITED METHODIST CHURCH AND TRINITY OUTREACH PROGRAM (T.O.P.) or its ministers, leaders, employees, volunteers, or other parties involved.

I further agree to indemnify and hold harmless TRINITY UNITED METHODIST CHURCH AND TRINITY OUTREACH PROGRAM (T.O.P.) and its ministers, leaders, employees, volunteers, or other parties involved from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of TRINITY UNITED METHODIST CHURCH AND TRINITY OUTREACH PROGRAM (T.O.P.) to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent’s opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and, again, I agree to pay for the medical treatment.

Prescription Medication: Please administer to my child, the prescribed medication(s) as written below, in accordance with the written order of the physician/practitioner and described below.

Over-the-Counter Medication: Please administer to my child, the over-the-counter medications as described below.

| Medication: | Dosage: | Time: | Precautions/Side Effects: |
|-------------|---------|-------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Parent/Guardian Signature: _____ **Date:** _____

Part 5: Authorization for Transportation

I/We understand that throughout the year there may be events sponsored by TRINITY UNITED METHODIST CHURCH AND TRINITY OUTREACH PROGRAM (T.O.P.) which will require transportation of my child(ren). As parents/guardians, I/We consent to have my/our child(ren) be transported to and from such events. I/We understand that drivers of the vehicles in use will have a valid driver's license and will abide by state and provincial requirements for safety.

Parent/Guardian Signature: _____ Date: _____

Part 6: Photography Agreement

I realize photographs may be taken of my child(ren) during TRINITY UNITED METHODIST CHURCH AND TRINITY OUTREACH PROGRAM (T.O.P.) meetings or events. I waive the right to inspect or approve the photo if used for publications or publicity. Examples of use include church brochures, postcards, posters, Facebook, Church website, etc...

Part 7: Youth's Agreement

I agree to participate in the functions and activities of TRINITY UNITED METHODIST CHURCH AND TRINITY OUTREACH PROGRAM (T.O.P.), to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature of Youth: _____ Date: _____

