

RockSOLID YOUTH MINISTRY

CONSENT AND MEDICAL PERMISSION FORM

Halifax United Methodist Church • 105 Wind Hill Drive • Halifax, PA 17032 • (717) 896-8092

SCOPE: ALL ACTIVITIES FOR DATE PERIOD SEPTEMBER 2017 THROUGH AUGUST 2018				
CHILD/STUDENT NAME:				
BIRTHDATE:	AGE:	GRADE:	SCHOOL:	T-SHIRT SIZE:
PARENT/GUARDIAN NAME(S):				
CHILD/STUDENT'S ADDRESS:				
CITY STATE, ZIP:		CHILD/STUDENT'S CELL PHONE (IF APPLICABLE):		
MOTHER'S PHONE #'S -	DAY:	NIGHT:	CELL:	
FATHER'S PHONE #'S -	DAY:	NIGHT:	CELL:	
CALL FIRST: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER				
EMAIL:				
EMERGENCY CONTACT:		PHONE:		
CHILD/STUDENT'S DOCTOR:		PHONE:		
CHILD/STUDENT'S DENTIST:		PHONE:		
HEALTH INSURANCE CO.:		ID/POLICY #		
IS THIS AN HMO? <input type="checkbox"/> YES <input type="checkbox"/> NO		GROUP #		
IS YOUR CHILD ON ANY MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST:				
MY CHILD HAS THE FOLLOWING PHYSICAL CONDITION THAT MAY REQUIRE SPECIAL ATTENTION: <input type="checkbox"/> DIABETES <input type="checkbox"/> HYPERVENTILATION <input type="checkbox"/> CONVULSIONS <input type="checkbox"/> SEIZURES <input type="checkbox"/> ALLERGIES (PLEASE SPECIFY) <input type="checkbox"/> OTHER (PLEASE SPECIFY):				
MY CHILD REQUIRES SPECIAL ACCOMMODATIONS OR HAS SPECIAL ACCESSIBILITY NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:				
UNLESS NOTIFIED OTHERWISE, YOUR SIGNATURE GIVES PERMISSION FOR STILL OR VIDEO PICTURES OF MY CHILD TO BE USED FOR PROMOTIONAL PURPOSES AND YOU ARE ALSO GRANTING PERMISSION FOR MY CHILD TO BE CONTACTED THROUGH THE USE OF TECHNOLOGICAL TOOLS I.E. CELL PHONES, EMAILS, INSTANT MESSAGING, FACEBOOK, MYSPACE, ETC BY ADULT ROCKSOLID MENTORS.				

I give permission for my child _____ to attend and participate in all events and activities as part of Halifax UM Church for the time frame noted above.

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 this authority.

I give permission for my child to be transported in vehicles operated by the 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. Please inform us if there are any changes in the above information throughout the year.

NAME OF PARENT/GUARDIAN (PLEASE PRINT):

SIGNATURE OF
PARENT/GUARDIAN:

DATE: