

**First United Methodist Van Wert Youth Ministry (FUMYM)  
Participant Information/Emergency Medical Form for 2018-19**

**TEEN INFORMATION: (use address where you want information sent)**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

ZIP: \_\_\_\_\_ dob: \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Teen's Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Ok to add to the text list? YES / NO**

Teen's Email address: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Mother's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ok to text? YES / NO

**Is it ok to add to group text list? Yes / No**

Father's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ok to text? YES / NO

**Is it ok to add to group text list? Yes / No**

Teen lives with (check one): \_\_\_Mother and Father \_\_\_Mother only \_\_\_Father only  
\_\_\_ Other \_\_\_\_\_

**In case of emergency and parents/guardian cannot be reached, please list 2 people to contact:**

1) \_\_\_\_\_  
Name Relationship to Teen Phone

2) \_\_\_\_\_  
Name Relationship to Teen Phone

No possession or use of alcohol, drugs, tobacco, weapons, fireworks, lighters, or explosives, No fighting or profanity, respect property, one another, staff, and adult leaders. Participation with the group is expected

**No students can drive a group of students to any FUMY event outside of the church**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ has permission to attend all youth activities sponsored by  
FUMY from September 1, 2018 through August 31, 2019

NAME OF STUDENT

Parents Signature \_\_\_\_\_ Date: \_\_\_\_\_

**This includes all FUMC ACTIVITIES AT THE CHURCH AND ON OUR SHORT AND LONG TERM TRIPS INCLUDING MISSION TRIPS OUT OF STATE OF COUNTRY.**

# Emergency/Medical Release Form

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

## Part I or II must be completed – ONLY FILL ONE SECTION OUT!

Full Name of Teen: \_\_\_\_\_

### PART I AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event reasonable attempts to contact me, \_\_\_\_\_ (parent/guardian), at \_\_\_\_\_ (phone number) OR \_\_\_\_\_ (alternate phone), or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone) have been unsuccessful, I, as the parent or legal guardian do hereby give my consent for First United Methodist staff, or an adult representatives of the First United Methodist Youth Ministry Program **(1)** to seek medical attention and treatment deemed necessary by:

Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone) and/or

Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

**(2)** I give permission to transfer my child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians or dentists concur on the necessity for such surgery is obtained prior to the performance of such surgery.

**Health Insurance Carrier:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_

**Policy/Group/Member/Claim Number:** \_\_\_\_\_

*Please list any medical conditions, allergies, medications, special physical or dietary needs, etc., that we should be aware of:* \_\_\_\_\_

*I give permission for the FUMYM staff/volunteers to administer the following otc medication in proper dosages to my teen if necessary: Please check next to each otc medication if permission is given.*

\_\_\_\_ Acetaminophen-Tylenol \_\_\_\_ Ibuprofen- Advil \_\_\_\_ Benadryl \_\_\_\_ Pepto Bismal

**X** \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent/Guardian Signature Date

### **PART II REFUSAL TO CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the First United Methodist Youth Ministry staff/adult representative to take no action or to: \_\_\_\_\_

**X** \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent/Guardian Signature

**Check the following areas of concern for this student.** If necessary, add another page with details

1. For your child's safety and our knowledge, is your student a:  
 good swimmer    fair swimmer    non-swimmer
2. Does your child have any allergies (i.e. pollens, medications, food, insect bites)?  
 Yes    No If Yes, please describe allergy and treatment: \_\_\_\_\_
3. Is your child on any medications:    Yes    No please list: \_\_\_\_\_
4. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 Asthma    epilepsy / seizure disorder    heart trouble    diabetes    Headaches  
 frequently upset stomach    physical handicap    Other \_\_\_\_\_
5. Date of last tetanus shot: \_\_\_\_\_ (if this is not listed your child will be given one if needed at treatment facility)
6. Does your child wear    glasses    contact lenses    none
7. Please list and explain any major illnesses the child experienced during the last year:  
\_\_\_\_\_  
\_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain (use separate sheet for more space)  
\_\_\_\_\_  
\_\_\_\_\_

**Available Resources for Activities:**

- Van    Truck/Trailer    Jet Ski/Boat    Tent    Cabin    pond/pool  
 home    Other \_\_\_\_\_

**Parent Volunteer Opportunities:**

- Driver/Transportation    Serve/prepare food    Shopping  
 Photography/videography    Web/Facebook update    Provide Scholarships  
 Fundraiser team    Prayer    Other \_\_\_\_\_

**This is for parents to answer:**

Check the ministries that you would like to be active with:

- Drive for Angel Tree deliveries    Host a super bowl party    Organize nursing home visits  
 Help organize Thanksgiving feast    Help with Operation Christmas shoebox    Trunk or Treat  
 Host Pool Party    **5<sup>th</sup> Quarter Volunteer**    Other \_\_\_\_\_

**This is for the student to answer:**

Check the ministries that you would like to be active with:

- Child care during worship    Visit Nursing homes    Scripture reader for worship    Usher during worship  
 Photography during events    Help plan mission trip    Sing/play instrument during worship  
 Organize music files on computer    Other things I haven't thought of: \_\_\_\_\_

Extra-curricular activities the student is involved in:  
\_\_\_\_\_