

**First United Methodist Van Wert Youth Ministry (FUMYM)
Special Emergency Medical Participant Form**

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**

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 for the current year.

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