

**CENTRAL UNITED METHODIST CHURCH
MEDICAL AUTHORIZATION & PARENTAL CONSENT FORM**

Name: _____ D.O.B. _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Parent(s) / Guardian(s) Name: _____

Emergency Contact: _____ Emergency #: _____

Please List All Allergies Below: (medicines, insects, foods, other) _____

Immunizations: (last tetanus) _____

Medication Currently Needing: _____

Physical Conditions: (asthma, etc.) _____

Previous Surgeries/Illnesses of Importance: _____

Insurance Co. & Policy #: _____

For the Year 2019, I hereby give permission for any Central United Methodist Church staff member or youth leader to obtain necessary medical treatment in case of sickness or injury for the above named minor. Further, I hereby release and forever discharge all staff or leaders from any and all claims, demands, actions, or cause actions, past, present, or future, arising out of damage or injury while participating in any such related activity/event.

Signature of Parent: _____ Date: _____

Notary: _____

My commission expires: _____
