

**First United Methodist Church, Melbourne FL
Children and Youth Ministry
Travel, Health and Medical Release and Consent Form
Good for September 1st, 2010 through August 31st, 2011**

Name of Youth _____ Birth Date _____
Age _____ Sex _____ Social Security # _____ Home Phone _____
Home Address _____ Zip _____
Parent/Guardian Name _____
Place of Business _____ Phone # _____
Address _____ Cell # _____
Emergency Contact Name _____ Phone # _____

Health Information

Name of Physician _____ Phone # _____
Address _____ Zip _____
List Any Allergies _____

Describe specific treatment (if any) that is required for allergies _____

List Any Operations or Serious Injuries with Dates _____

List any Current Medications (Prescriptions and Over-the-Counter) _____

Dietary Needs _____

Any Other Special Instructions _____

Date of Last Tetanus Shot _____

Health Insurance Coverage

Insurance Company _____

Policy # _____ Phone # _____

*****Please attach a copy of your health insurance card*****

May Youth/Children’s Leaders, Chaperones, and/or other Adult Representative of First United Methodist Church administer over the counter medications? YES NO

My child is physically fit and has the necessary skills to participate: YES NO

Transportation and Medical Release and Consent Form

I/We, as parents or legal guardian(s) of _____, have given permission for him or her to be involved in the Youth/Children’s Ministry activities of First United Methodist Church. I/We understand that involvement in these activities may require transportation in church owned and personally owned vehicles and operated by approved, licensed, and insured drivers of the Florida United Methodist Conference.

In the event of any injuries or sickness, I/We give permission to the licensed physician selected by the adult and/or designated representative of First United Methodist Church Youth/Children’s Ministry event/activity to order routine tests, X-Rays, and/or any other treatments deemed necessary by the licensed physician for my child who is named above.

In the event of an emergency, of which I/We cannot be reached, I/We hereby give permission to the physician selected by the adult and/or designated representative of First United Methodist Church Youth/Children’s Ministry to hospitalize, secure proper treatment for, to order injections and/or anesthesia and/or surgery for my child who is named above.

Further, I/We agree to hold such persons harmless of any claims, demands, or suits for damages arising from the prudent giving of such consent under the supervision of a licensed physician.

Parent/Guardian(s) Signature _____ Date: _____

In the presence of a Notary Public

To Be Notarized:

Sworn and Subscribed

Before me this _____ day of _____, 20____

Notary Public, State of Florida; My commission expires: _____

Print, Type, or Stamp

Commissioned Name of

Notary Public

Personally Known: _____ or _____ Produced Identification

Type of Identification Produced _____