

**St. John's United Methodist Church
YOUTH MEDICAL CARE PERMISSION FORM**

Name: (Last) _____ (First) _____ (M.I.) _____

Date of Birth: _____

Father's Name: (Last) _____ (First) _____ (M.I.) _____

Mother's Name: (Last) _____ (First) _____ (M.I.) _____

Name of legal guardian if different from the names shown above:

(Last) _____ (First) _____ (M.I.) _____

Home Address: _____ City: _____, SC Zip: _____

Telephone number: (Home) _____ (Work) _____

Mother's Cell: _____ Father's Cell: _____

Name of Physician: _____ (Office Telephone) _____

MEDICAL HISTORY

No Yes Does this person have a current medical problem/condition? Describe:

No Yes Is this person allergic to any medications? Describe:

No Yes Is this person allergic to any foods or flavoring? Describe:

No Yes Does this person have Epilepsy or other nervous system disorder?

No Yes Does this person have Diabetes?

No Yes Does this person have asthma or other breathing problems?

No Yes Has this person had a tetanus shot within the last 7 years? Date: _____

Insurance Company: _____

Group Number: _____ Policy Number _____

THIS IS PERMISSION FOR THE TREATMENT OF MY CHILD BY A PHYSICIAN AND AT A HOSPITAL, OR BY A CHAPERONE FOR ANY MEDICAL OR SURGICAL EMERGENCY. Please note that the child will be taken to the nearest hospital. It may or may not be a participating HMO facility.

Signature of parent or legal guardian

Date

Print Name: _____

St. John's UMC

Youth Permission Slip for Travel & Medical Care

This letter will verify that my child is traveling with youth ministry staff, advisors and/or representatives of St. John's United Methodist Church with my permission. Further, I give consent and appoint these representatives as my true and lawful agent and attorney-in-fact to obtain any and all reasonable medical or surgical treatment.

This letter is effective from September 17, 2017 through September 16, 2018

Name of Youth: _____

Address: _____ Zip Code: _____

Home Phone: _____ Youth Cell Phone: _____

Date of Birth: _____ School: _____ Grade: _____

Youth Email: _____

Parent(s)/Legal Guardian: _____ Cell: _____

Best email address to receive Quest E-News: _____

Emergency Contact (other than parent): _____ Number: _____

My child may ride with the following people after Quest events: _____

I **do / do not** grant my child permission to ride on the St. John's bus with an approved driver.

I **do / do not** grant my child permission to ride in with an adult Quest volunteer in their personal vehicle.

I **do / do not** grant my child permission to ride with a youth who is licensed to drive.

I **do / do not** grant my licensed child to drive his or her own car during special events.

Parent's Signature: _____ Date: _____