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Website: www.stjohnprospect.com/get-involved/youth

CONSENT FOR MEDICAL TREATMENT OF MINOR-2018

As a parent/guardian you should be aware that a potential problem exists in the event your child requires medical treatment and you are not available to give consent. In order to avoid possible delays in necessary treatment as a result of not being able to contact you, your signature on this completed form will provide the hospital with written consent to provide immediate treatment.

Youth's Name _____ Age _____ Birth Date _____

Youth's cell # _____ Youth's email _____

Medications Child is taking _____

Allergies (include all known allergies; i.e. drugs, foods, etc.) _____

Medical Conditions (such as, but not limited to; Asthma, ADD/ADHD, migraines, heart, lung, and diabetes history, etc.) _____

Date of last Tetanus _____ Are immunizations up to date? Yes _____ No _____

Name of Parent/Guardian _____ Address _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Email Address _____

Name of Spouse _____ Address _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Email Address _____

Physician _____ Office Phone # _____

Emergency number and other person to contact _____

Insurance Company _____

Policy Number _____ Policy Holder _____

MEDICAL TREATMENT AUTHORIZATION: In case of a medical need involving the minor listed, I request the hospital staff to contact me (or my spouse) at the numbers provided. In the event that I (or my spouse) cannot be reached, I grant written permission to the hospital's emergency medical staff to render medical care as deemed appropriate. I (We) agree to pay the normal and customary charges of the hospital for any treatment or medication received by said child. I also agree to notify the hospital in writing if I cease to be guardian or if there are any changes in the above authorization.

NOTE: Please attach a copy of your child's medical insurance card (front and back).

Mother's/Guardian's Signature

Father's/Guardian's Signature

Witness (if possible)

Date

Signature of both parents is preferred. This authorization shall remain in effect until cancellation in writing.

(See Reverse Side for Permission Slip)

PERMISSION TO ATTEND YOUTH ACTIVITIES

I, _____, give my permission for _____ to participate in the Youth Fellowship of St. John United Methodist Church. I give my consent for said youth to travel with said youth fellowship to any and all activities that are not located on the Church property. In conjunction with my consent, I hereby release St. John United Methodist Church, its staff and sponsors, from responsibility and liability for any and all injuries or illnesses that my child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader of the Youth Fellowship as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature _____ Date _____

PERMISSION TO PHOTOGRAPH YOUTH

I grant my permission for my child's **photo** to be published on the church website, on youth boards located throughout the church, the church newsletter, youth social media pages (including, but not limited to Facebook and Twitter), local newspapers, or any other church related publicity.

Signature _____ Date _____

Please note: St. John Youth Ministry uses various forms of social media to communicate with parents and students. This includes, but is not limited to, Facebook, Twitter, Texting, etc.

YOUTH'S COVENANT OF PARTICIPATION

As a participant in events sponsored by St. John United Methodist Church Youth Ministry, I agree to conduct myself in a responsible manner by showing respect for other person and property (as well as the safety and well-being of others) through my attitude, actions, and behavior. I agree to respect the rules and regulations as set forth by the church leadership and their representatives, as well as by the facilities and locations where our events take place. I recognize that, if I am negligent in honoring such rules, regulations or conducting myself responsibly, I may be expelled from the trip/event prior to its completion including calling my parents to transport me home. Furthermore, my parents or legal guardian understands they will be financially responsible for transporting me home as well as for any and all damages incurred.

Signature of Youth Participant: _____ **Date** _____

Signature of Parent/Legal Guardian: _____ **Date** _____