

Parental Consent Form

3 Options to Complete Form --- either: (1) print blank form, fill out by hand, and get it to Sarah, (2) fill out on computer, then print, and get it to Sarah, or (3) fill out on computer, then SAVE the form AFTER* filling it out and then attach (or copy/paste) it to an email sent to Sarah at sarah.borgman@columbusfumc.com *CAUTION - if you don't save the file AFTER you fill the form out, you will lose the info.

Child's Name _____ Age _____ Birthdate _____

Address _____ Phone (_____) _____

City _____ State _____ Zip Code _____

School Name _____ Grade _____

Parent Name(s) _____

Parental Day time Contact Number _____

Parent(s) Email address that is checked often _____

Parent(s) Texting # _____ Parent(s) Cell phone (_____) _____

To whom it may concern:

The undersigned does hereby give permission for my child _____ to attend and participate in activities sponsored by the First United Methodist Church of Columbus, Nebraska on (specify school year start/end dates or individual event date(s)) date(s) of _____.

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in the connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons, or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities by the First United Methodist Church of Columbus. My youth has permission to be photographed for use in church or community publications and websites. Indicate "Yes" or "No" _____

Parent Signature (typing online is valid)

Date Submitted

Medical Information

Child's Name _____ Age ____ Birthdate _____

Address _____ Phone (_____) _____

City _____ State ____ Zip _____

Parental Day Time Contact Number _____

Parent Name: _____

Allergies: (medicine, food, insect, etc.)

Current Medications: (include name and dosage)

Important Past Medical History: (surgery, hospitalizations)

Physician Name _____ Phone (____) _____

Dentist Name _____ Phone (____) _____

Emergency Contact (if parent can not be reached) include name and phone number

Hospital Insurance: Indicate "Yes" or "No" _____ Ins. Company: _____

Policy Number _____ Policy Holder _____

Dental Insurance: Indicate "Yes" or "No" _____ Ins. Company: _____

Policy Number _____ Policy Holder _____

Legal Guardian Signature (typing online is valid)

Submittal Date