

**Kennewick First United Methodist Church  
Parental Consent Form**

NOTE: This consent form is to be filled out by the parents or legal guardian of each youth. It will be taken on each activity that the youth participate in. If any of the information changes during the year, please contact the church office.

**Name of Youth** \_\_\_\_\_

**Home Address** \_\_\_\_\_

Include City and Zip Code

**Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gr** \_\_\_\_\_

The undersigned does hereby give permission for my child to attend and participate in activities sponsored by Kennewick First United Methodist Church from September 2006-2007.

In case of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize and request the adult counselor(s) to secure medical and/or hospital care for \_\_\_\_\_.

(Full Name of Youth)

I hereby give permission to the physician selected by the counselor(s) to hospitalize, secure proper treatment for, and/or to order injection, anesthesia, or surgery for the above named youth.

I accept full financial responsibility for any medical services required, including prescription and non-prescription drugs and other supplies, on behalf of my child.

**Parents/Guardians Names** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date of Last Tetanus** \_\_\_\_\_ **Known Drug Allergies** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Name** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Insured Social Security #** \_\_\_\_\_ **Youth Social Security #** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**List below any allergies or special medical problems your child may have.**