J.A.M. Activity/Medical Consent Form

As a parent or legal guardian, I hereby give permission for my child to participate in the Faith Community UMC JAM program taking place at Faith Community UMC and offsite for special events.

Child's Full Name _____
Last First Middle

Sex _____ Birthday_____ Grade _____ Age _____

Parent or Guardian Name_____
Home Address_____
City _____ Zip _____ e-mail _____
Home Phone _____ Business Phone _____

If not available in an emergency, notify:
1. Name _____ Phone (_____)_____
Street Address _____
City _____ State _____ ZIP _____

Or 2. Name _____ Phone (_____)_____
Street Address _____
City _____ State _____ ZIP _____

Does this child have the following allergies:
Penicillin _____ Other: _____
Other drugs _____ _____
Insect stings _____ _____
Ivy poisoning, etc. _____ _____
Hay fever _____ _____

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this activity?
_____ Yes _____ No

If yes, describe the problems or illness: _____
_____
_____

State the name, address, medical specialty, and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child:
_____
_____

State the name, address, and phone number of this child's dentist (and orthodontist, if applicable):
_____
_____

Is there medical or hospitalization insurance which provides benefits for this child? _____
Name of Insurance Co. _____
Address _____
Policy No. of Insurance Policy _____
Name of Policy Holder _____

Phone Number of Insurance Co. (_____)_____

Indicate the date of this child's last tetanus shot: _____

Are there any activities, such as strenuous activities, to be restricted for this child? _____
If so, describe: _____
_____

Is this child on any medications? _____ If so, please state the medication: _____
_____

If so, will this child be bringing to the activity the medications that s/he should be taking? _____

Describe any dietary restrictions that this child is required to observe: _____
_____

Other comments of suggestions from the parent or guardian concerning this child: _____
_____
_____
_____

I understand that Faith Community UMC carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations, and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental, or surgical diagnosis and treatment; and hospital care and treatment 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 as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems, and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Signature _____ Date _____
(Parent or Guardian)

Print Full Name _____ Date _____

Signature _____ Date _____
(Parent or Guardian)

Print Full Name _____ Date _____