

YOUTH AND CHILDREN HEALTH FORM

PARTICIPANT'S NAME _____ BIRTHDATE _____

SOCIAL SECURITY# _____

PARENTS:

MOTHER'S NAME _____ BUSINESS PHONE _____

FATHER'S NAME _____ BUSINESS PHONE _____

ADDRESS _____ HOME PHONE _____

CITY/STATE/ZIP CODE _____

PERSON OTHER THAN PARENTS TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE NUMBER _____

ADDRESS _____ BUSINESS PHONE _____

CITY/STATE _____ ZIP CODE _____

Describe any special health problem.

List medications.

List any allergies to medication or substance:

Local physician's name and phone number. _____

*****COPY OF HEALTH INSURANCE CARD MUST BE ON BACK OF THIS FORM*****

POWER OF ATTORNEY

Date _____

In the event that _____ becomes ill or sustains

(Name of Child)

an injury while on an authorized and chaperoned outing from PARK AVENUE UNITED METHODIST CHURCH, Valdosta, Georgia, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding, to administer first aid, and to seek professional medical assistance.

I also consent to an x-ray or other diagnostic examination, anesthetic, medical, dental, or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I understand that Park Avenue United Methodist Church is not responsible for the loss or damage to personal belongings. I know that vehicles will always be locked when left empty.

_____ please initial

I understand that this consent will apply to all emergency situations present and future. This power shall remain in full force and effect until revoked by parent or guardian. (Please notify the church office if your insurance carrier changes.)

DATE _____ SIGNATURE _____

(Parent or Legal Guardian)

(seal)

Notary _____

(FORM MUST BE SIGNED IN FRONT OF A NOTARY)

My commission expires _____