

Foothills United Methodist Church
YOUTH REGISTRATION FORM 2013-2014

To be completed by Parent/Guardian

PLEASE PRINT

MEDICAL HISTORY & INFORMATION for All Youth Group Activities

One form per Minor.

Youth's Name: _____ Birth date _____ Age _____

Medications, dosage and schedule:

Are there serious consequences if meds are skipped?

Other information (medical / physical / emotional issues):

MEDICAL HISTORY/CONCERNS:

Allergies: _____

Minor's doctor: _____ Telephone: _____

Insurance company: _____

Policy holder's name: _____ Policy #: _____

If an HMO, please give name and telephone #: _____

PARENT OR GUARDIAN EMERGENCY NUMBERS DURING EVENT:

Mother / legal guardian's name: _____ Telephone: _____

Cell phone: _____

Father / legal guardian's name: _____ Telephone: _____

Cell phone: _____

**IN THE EVENT THAT PARENT / LEGAL GUARDIAN CANNOT BE CONTACTED,
CALL:**

Name: _____ Relationship: _____

Telephone: _____

Parental Consent for Minors (age 17 and under)

One form per Minor. This and the Medical History & Information form on reverse must be turned in before your Minor may attend any Foothills United Methodist Youth programs.

Permission to Attend

I/We, the undersigned parent(s) or person having legal custody/guardianship of _____, a minor, gives permission for this minor to attend the Youth Group programs and/or Foothills United Methodist Church activities on or away from Foothills United Methodist Church.

Authorization for Medical Treatment for my Minor

I/We, the undersigned parent(s) or person having legal custody/guardianship of _____, a minor, do hereby authorize any personnel or any staff person(s) or volunteers of FUMC, as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician meeting the requirements of this authorization may, in the exercise of his/her best judgment, deem advisable. This action would not be taken unless the parents could not be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I/We hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above-named agent(s) upon the completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

Field Trip Permission

In addition, the above minor has my/our permission to participate in any of the programs of Foothills United Methodist Church organized for his/her age group. This includes permission to go swimming and to go on field trips in buses or private cars. It is FUMC's policy that all passengers are seat-belted and all drivers are 25 years or older and have appropriate automobile insurance.

Parents' and Sponsor's Signatures

These authorizations shall remain effective for the duration of this program, unless sooner revoked in writing. The undersigned agree to hold Foothills United Methodist Church and its employees, officers, agents, teachers and other volunteers harmless of any claim by the undersigned arising out of any medical treatment given by or attempted in connection with any medical emergency.

Parent / Legal guardian / Person having legal custody

Printed Name: _____

Signature: _____ Date: _____

This Authorization shall remain effective for the duration of September 2013 – September 2014 unless sooner revoked in writing to Foothills United Methodist Church.