

Hickory Flat United Methodist Children's Ministry
MEDICAL CONSENT FORM

Child's Full Name _____
Last First Middle

Sex _____ Birthday _____ Age _____

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

If not available in an emergency, notify :

1. Name _____ Phone (_____)
Relationship _____

or 2. Name _____ Phone (_____)
Relationship _____

1. List allergies to drugs, medication, or foods _____

2. Has there been recent illness or exposure to contagious disease(s)? _____
If so, what? _____

3. Is this child subject to fainting? _____ Convulsive Seizures? _____ Diabetic? _____
Nose Bleeds? _____

4. 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? _____

If yes, describe the problems or illnesses _____

State the name, address, 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 insurance which provides benefits for this child? _____ If so, please indicate:

Name of Insurance Co. _____
Address _____
Policy No. of Insurance Policy _____
Name of Policy Holder _____
Phone No. 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? _____

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 he/she should be taking? _____

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

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

I understand that Hickory Flat United Methodist Church carries 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 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 church's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal coverage available to my family, if any, before applying for benefits that may be available through the church's policy.

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 church's sponsor or any adult counsellor acting on behalf, as agent of the church with respect to the Activity for me, to consent to any X-ray examination; injections; and anesthesia; medical, dental or surgical diagnosis treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist 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 _____