

**STUDENT INFORMATION, PARENTAL CONSENT, AND MEDICAL  
AUTHORIZATION FORM**

**STUDENT INFORMATION:**

**Full Name** \_\_\_\_\_

**Nick Name (if any)** \_\_\_\_\_

**Best Way to Contact The Student:** (Circle One)

**Student Cell Phone #** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Gender:** M/F/Prefer Not To Say (Circle One)

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

**Date of Birth** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_

**School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Have you been baptized?** \_\_\_\_\_ **Confirmed?** \_\_\_\_\_

**Special Interests or Hobbies:**

**Do you play an instrument? If so, what do you play?** \_\_\_\_\_

**Are you in any music, drama, dance, or theater groups? If so, what group(s)?** \_\_\_\_\_

**What sports or games do you like to play?** \_\_\_\_\_

**Are you in any clubs? Is so, what clubs?** \_\_\_\_\_

**Is there an activity or event you would like the children's/youth ministry to consider doing?** \_\_\_\_\_

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**Favorite Foods** \_\_\_\_\_

**Any Food Allergies?** \_\_\_\_\_

**Any Foods You Don't Like?** \_\_\_\_\_

**Favorite Movies** \_\_\_\_\_

**Favorite Hobbies** \_\_\_\_\_

**Favorite Sports** \_\_\_\_\_

**Favorite Music** \_\_\_\_\_

**Favorite TV Shows** \_\_\_\_\_

**Favorite Subjects in School** \_\_\_\_\_

**Least Favorite Subjects in School** \_\_\_\_\_

**Favorite Board Games** \_\_\_\_\_

**Anything Else You Would Like Us To Know?** \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION:**

**Parent/Guardian Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

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

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

**Parent/Guardian Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

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

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

**Emergency Contact Information:**

**If parents cannot be reached, please contact:**

\_\_\_\_\_  
(Name, relationship, and phone number)

\_\_\_\_\_  
(Name, relationship, and phone number)

**Parental Permission for Youth Activities:**

I, \_\_\_\_\_, give my child permission to attend Children/Youth Activities sponsored by John Wesley United Methodist Church of Tallahassee, FL between August 15, 2016 and August 31, 2017. I understand that the Youth Director or a trained volunteer will provide leadership during the activities. I agree to give emergency information to the adult in charge, if it is different from the information submitted on this form.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Publication Release:**

**I authorize John Wesley United Methodist Church of Tallahassee, FL to use pictures and videos of my child/youth for church related publications.**

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**As the parent or legal guardian of: \_\_\_\_\_, I understand that my child/youth will be participating in a number of activities for the calendar year of August 2016 thorough August 2017, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities, which the church may offer. I consent for my child to participate in these activities.**

**Please indicate any restrictions on your child's/youth's activities:**

\_\_\_\_\_ **I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.**

\_\_\_\_\_ **I represent that my child/youth has restrictions on the following particular activities:**

\_\_\_\_\_ **I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.**

**Besides a parent or guardian, I authorize these persons to pick up my child/youth:**

\_\_\_\_\_  
**Name, relationship, and phone number**

\_\_\_\_\_  
**Name, relationship, and phone number**

**MEDICAL TREATMENT AUTHORIZATION**

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child/youth. If the church cannot reach me or I am unavailable to be there, then I authorize the Church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church, if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

We the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, acknowledge that this form is filled out to the best of our ability and do hereby authorize a children/youth ministry adult worker of John Wesley United Methodist Church of Tallahassee, FL as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment or hospital care, which is rendered under the supervision of any physician, surgeon, or dentist whether diagnosis and treatment is in a hospital or office of said physician.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Insurance Information:**

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

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

**Insurance Carrier** \_\_\_\_\_

**Group Number** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Medical Information:**

**Allergies: please specify type and reaction:** \_\_\_\_\_

\_\_\_\_\_

**Other Health Concerns/Conditions:** \_\_\_\_\_

\_\_\_\_\_

**Medications Taken:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Parent or Guardian**

\_\_\_\_\_

**Notary Stamp/Seal, Date and Signature:**

\_\_\_\_\_