

**First United Methodist Church
Youth Group
Permission Slip and Consent Form**

Date: _____

I (We) hereby give consent for my young person: _____

To participate in the First United Methodist Church of Des Plaines Youth Group

(activity, date, times)
Parent or Guardian Signature: _____
Emergency Phone Number: _____
Alternate Phone Number: _____

Consent for the Medical Treatment of Minors & Medical Information

The purpose of this form is to permit the treatment of minors who become ill or injured when parents or guardians cannot be reached to give consent for treatment. Every reasonable attempt will be made to contact the parents/ guardians listed below.

Emergency Contact person (In the case parent or guardian are not available):

Phone Number: _____ Relationship: _____

Family Physician: _____ Telephone Number: _____

Insurance Company: _____ Policy holder's name: _____

Insurance Policy Number: _____

Allergies: _____

Physical Impairments: _____

Last Tetanus Immunization: _____

Current Medications: _____

Other Information: _____

I (We), the undersigned Parent or Legal Guardian of the above named minor, do give my consent and permission for my child to participate in the above mentioned event sponsored by the First United Methodist Church of Des Plaines.

In the event of injury or illness to the above named minor, I, the undersigned parent or guardian, hereby authorize an adult leader of the First United Methodist Church of Des Plaines or any medical professional in attendance to secure and provide such emergency medical treatment as shall be deemed necessary by those present; including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, testing blood, and medications. I understand that every reasonable effort shall be made to contact me prior to medical treatment.

The First United Methodist Church of Des Plaines does not maintain any medical insurance for the participants in activities. I (We) understand that we will be responsible for any and all costs of medical treatment incurred by or on the behalf of the above named minor.

Signature of Parent/ Guardian: _____
