

**Parental Consent/Medical Treatment Form**  
**Pleasant View United Methodist Church**  
**Youth Office**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult workers (youth director, chaperones, and youth counselors) with the youth of Pleasant View United Methodist Church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone # \_\_\_\_\_

(Please print the following information)

Name of Participant: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Any Allergies? Yes \_\_\_ No \_\_\_ If yes – Details \_\_\_\_\_

Does your child have any special dietary requirements? \_\_\_\_\_

Are there any medical or specials needs that may occur that we need to know about? \_\_\_\_\_

Students Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

## Release of Liability

I/we hereby give permission for \_\_\_\_\_ to ride in church vehicles with the youth director and/ or selected/ responsible youth chaperones/ counselors/ adults to and from any UMYF events that require transportation.

I/ we understand and acknowledge that there is a possibility of accidental physical injury to the above named person while in transit to and from and while attending the activities surrounding all UMYF events. I fully understand these matters, and I/ we assume full responsibility for the above named person for the risk of bodily injury, death, or property damage incurred during any UMYF programming/ events. Thus, I/we release the youth director and/ or any other selected/ responsible youth chaperones/ counselors/ adults from any and all claims, demands or liability resulting from bodily injury, death, or property damage incurred while attending UMYF activities and functions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of parent or legal guardian\_\_\_\_\_