

PARENTAL CONSENT FORM (INCLUDES MEDICAL RELEASE)

First United Methodist Church of Marlborough Event Permission Slip

To Whom It May Concern:

_____ has my permission to go with the

(Name of child/youth)

_____ on the following event _____

(Name of group)

(Event)

at _____ on _____

(Location of event)

(Date of event)

(Parent/Guardian Signature and date signed)

Phone number in case of emergency: _____

Where parent(s)/guardian may be reached during the event: _____

Alternate contact in case parent(s)/guardian cannot be reached: _____

Medical/Health Information

Allergies, medication, hay fever, insect bites, asthma, food, other:

Other pertinent health history information:

Does your child/youth have any conditions that would prevent him/her from fully participating in this program? If yes, please explain: (specific activities/foods to avoid)

List any medication to be taken during the event which will be kept by the leaders during the

Event: _____

Preferred Doctor _____ Phone _____

Preferred Dentist _____ Phone _____

Preferred Eye Doctor _____ Phone _____

Preferred Hospital _____ Phone _____

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EMERGENCY MEDICAL AUTHORIZATION

I give my consent for emergency medical treatment by a certified first aider. In the event that additional treatment is needed, the staff of the Emergency Room of the hospital listed above, or one closest to the event location, has my permission to treat my child/youth.

Parent/Guardian Signature (Date)

Parent/Guardian Name (print)/ Address

Phone (home)

Phone (Work)

Hospitalization Plan and Group #

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