Medical Information

Primary Care Physician

PCP phone number

Insurance Information

Medical Insurance Carrier/Provider

Member's Name

Member's ID Number

Group Policy Number

Plan Code / Service Code

Insurance Company Mailing Address:

Insurance phone numbers:

Member services

Verify coverage

Medical History

Allergies

Chronic or existing diseases or medical problems (diabetes, epilepsy, etc.)

Medicines your child is currently taking (please include both prescription and non-prescription as well as dosage amounts):

Does this child wear contact lenses? ____________

In case of minor physical discomfort, the following medicine(s) may be given to my child:
(Please include dosage amounts)

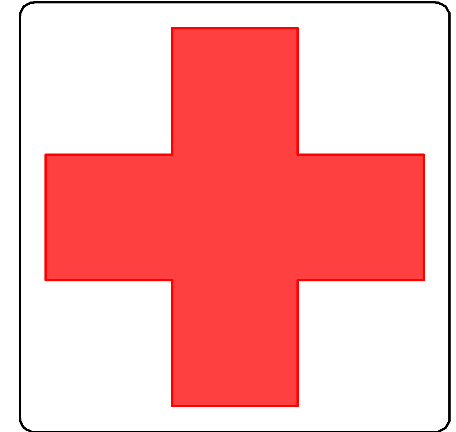
- ☐ Aspirin/Acetaminophen/Ibuprofen ____________
- ☐ Nausea/Diarrhea medication ____________ (such as Pepto Bismol, Mylanta, or Immodium)
- ☐ Other: ____________

Date of last tetanus injection: ____________

Child's approximate weight: ____________

Additional comments

FIRST UNITED METHODIST CHURCH OF ANN ARBOR



PARENTAL MEDICAL CONSENT FORM

Youth Ministries
FUMC
120 S. State St.
Ann Arbor, MI 48104
734-662-4536

Why fill out this form?

The care of your minor child while he or she is away from home is of utmost importance to us. While we pray it will not happen, prompt emergency medical treatment may be necessary in the event your child is injured or becomes ill while in our care.

Unless a child's injuries are life-threatening, physicians and hospital personnel cannot treat him/her without parental or legal guardian consent. Precious time may be lost while trying to contact you or your insurance company.

This form is your consent for medical treatment in the event that your child is injured or becomes ill while with the youth group. The leaders of the First United Methodist Youth will take it with them on all overnight trips.

Please complete all sections of this form, front and back. Have it notarized (it is not valid until notarized) and return it to the Youth & Children's Office.

In some instances, it may still be necessary for a physician or hospital to contact you directly.

Thank you for your cooperation.

Child's name ______________________________

CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR CHILD

DATE ______________________

I, (We) ______________________ (Name) and ______________________ (Name)

of ______________ (City), ______________ (County), ______________ (State)

and ______________ (Home phone), ______________ (Work phone), do hereby state that I (we) am (are) the

parent(s) or legal guardian(s) of ______________________ (Child's legal name),

a minor, born ______ (Month) / ______ (Day) / ______ (Year),

and who resides with me (us) at ______________________ (City) State Zip.

I (we) acknowledge that First United Methodist Church (FUMC), although it establishes standards of conduct and supervision of youth life incidental to such activities, does not assume legal responsibility to provide for the safety, care, conduct, or discipline of the youth or other participants in connection with such activities, regardless of whether such activities are or are not officially sponsored by FUMC; and that it is the intention of the undersigned to entrust the youth under legal age with full personal responsibility and to waive and release all claims of any nature against FUMC arising from the minor's participation in the activities. I (we) understand should the youth behave in a manner deemed threatening to personal or group safety, he/she will be sent home at the undersigned's expense.

In the event that it is necessary to administer medical treatment to the above named youth while he/she is participating in an activity sponsored by FUMC, the undersigned hereby grants permission for whatever medical care is necessary in the judgement of a licensed medical doctor. Should medical intervention be required, every attempt will be made to contact the undersigned.

This consent is valid from September 1, __________ (Current year) until August 31, __________ (Year of HS graduation).

______________________ (Signature of Parent or Guardian)

______________________ (Signature of Parent or Guardian)

Notary

Subscribed and sworn before me this ______ day of

______________________, ______________

My commission expires: ______________________.

Emergency Contact

Name of person to contact if parent or guardian cannot be reached:

Name ______________________

Address ______________________

____

Phone(s) ______________________

Relationship to child: ______________________