

## Medical/Permission Form

Student Name: \_\_\_\_\_

The purpose of this form is to ensure consent from parents for participation in all activities at First United Methodist Church's LOGOS program. It is also a form granting permission for the treatment of minors who become ill or injured when the parents or guardians cannot be reached to give consent for treatment. Every reasonable attempt will be made to contact the parent(s) / guardian listed below.

### Emergency Information

Person to contact in case of emergency:

Relation to Participant:

Phone to be reached at:

Family Doctor's Name:

Family Doctor's Phone:

### Insurance Information

Participant is covered by a medical insurance policy: Yes    No

Insurance Company Name:

Name of Policy Holder:

Group Policy Number:

Authorization Phone number:

### Health History

Medication(s) you can NOT take:

Medication(s) being taken currently:

Special Dietary Needs:

Allergies:

Any medical history that needs to be noted:

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_, to attend and participate in First United Methodist Church's LOGOS 2011-12. In order for my child to receive necessary medical treatment from the medical staff and/or the staff physicians of the hospital and clinics in case of injury or illness during LOGOS, I hereby release and discharge event staff, the location staff, employees, and agents from any and all debts, judgements or suits of any kind which may arise or be occasioned as a result of the my child's participation in all activities. I further acknowledge and understand that by participating in this event there is a possibility of physical illness or injury and that my child is assuming the risk for such illness or injury by his/her participation. I also agree that payment of any medical bills will be paid by me or my insurance company.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
(Date)