

FIRST UNITED METHODIST CHURCH – DOWNERS GROVE, ILLINOIS
CHAPEL CHOIR TOUR
PERMISSION AND EMERGENCY INFORMATION
(Separate form for each child in the same family required)

NAME _____

ADDRESS _____
(include Town and Zip Code)

PHONE NUMBER _____

MOTHER'S NAME (First & Last) _____ Work Phone _____

CELL PHONE _____

FATHER'S NAME (First & Last) _____ Work Phone _____

CELL PHONE _____

If parents will also be away from home while we are on Tour, please indicate below what address and telephone number where they can be reached:

Address _____

Phone Number _____

If parents will be away from home while we are on Tour and **WILL NOT** be reachable, please provide alternate emergency contact information:

Name _____ Relationship _____

Phone Number _____

ALL CHOIR MEMBERS MUST SHOW PROOF OF INSURANCE COVERAGE:

Health Insurance Company _____

Policy and/or Group Number _____

Name of policy holder _____

Social Security Number _____

Billing Address _____

Telephone Number for claims _____

Doctor's Name _____ Phone No. _____

Medical problems or allergies Adult Leaders should be aware of: _____

(please include any pet or food allergies)

(PLEASE COMPLETE OTHER SIDE)

Date of last tetanus shot _____

Prescription medication needed to be taken: (These must be given to one of the Adult Leaders to distribute.)

Name _____

Dosage and times _____

Side Effects (If any) _____

Any over-the-counter drugs or nutritional supplements currently being taken _____

Over-the-counter medication such as Advil, cough medicine and Imodium, for example, may be given to your child as needed, unless you specify otherwise.

- A. _____ Do not give any over-the-counter medicines.
- B. _____ OK to give over-the-counter medicines
- C. _____ OK to give over-the-counter medicines except for the following: _____

Does your son/daughter wear contact lenses? _____Yes _____No

Are there any other problems, issues or concerns regarding your child that would be helpful for the Adult Leaders to know?

As parent or legal guardian, I hereby give permission for my child to participate in the First United Methodist Church Chapel Choir Tour, March 23-30, 2013 and understand that my child may appear in videos and photos taken during the trip for use on the church web site and other publicity purposes.

I further understand that, in the event my child requires medical or dental treatment while engaged in these Tour activities, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the Adult Leaders acting on the behalf of the ministry with respect to this activity, as agent for me to consent to any X-ray examination; injections; anesthesia; medical, dental, or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medication being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Signature _____
(Parent or Guardian)

Date _____