FIRST UNITED METHODIST CHURCH – DOWNERS GROVE, ILLINOIS
IGNITE STUDENT MINISTRY
PERMISSION AND EMERGENCY INFORMATION
2018-2019
(Separate form for each child in the same family required)

As parent or legal guardian, I hereby give permission for my child to participate on any Downers Grove First United Methodist Church / Sunday School / Ignite Youth / Onward Bound / Chapel Choir Events from August 24, 2018 through August 31, 2019. Before any big event, this form will be available for any updated information that you may need to provide pertinent to the event.

NAME _____

ADDRESS _____
(include City and Zip Code)

BIRTHDATE_____ HOME PHONE NUMBER_____

STUDENT'S CELL PHONE_____ EMAIL_____

MOTHER'S NAME (First & Last) _____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

FATHER'S NAME (First & Last) _____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

EMERGENCY CONTACTS:

Name _____ Relationship _____

Phone Number _____

Name _____ Relationship _____

Phone Number _____

PROOF OF INSURANCE COVERAGE MAY BE NEEDED FOR SOME EVENTS:

Health Insurance Company _____

Policy and/or Group Number _____

Name of policy holder _____

Billing Address _____

Telephone Number for claims _____

Doctor's Name_____ Phone No. _____

(PLEASE COMPLETE OTHER SIDE)

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

_____

(please include any pet or food allergies)

Date of last tetanus shot _____

Prescription medication needed to be taken: (These must be given to trip nurse or group leader for Choir Tour or out-of-town trip 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?

_____

_____

_____

☐ Check this box if you **DO NOT** want photo/video of your child(ren) used in any church publication (newsletter, web, etc.).

I am also aware that, in the event my child requires medical or dental treatment while engaged in Church or Youth Ministry 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 church, as agent for me 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_____ Date_____

(Parent or Guardian)