

PARENTAL CONSENT FORM

St. Luke's United Methodist Church

Children's Ministry Programs

Child Name _____ Birth Date _____

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Secondary Phone _____ Secondary Email _____

Emergency Contact Name _____

Phone _____ Relationship _____

The undersigned hereby understand the potential risks involved with youth group activities and give permission for my (our) **child** _____, to attend and participate in **FALL WACKY DAYS** sponsored by St. Luke's United Methodist Church (UMC) for the period of 10/18/2021 – 10/20/2021, I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician, licensed under the provisions of the Colorado Medical Practice Act or similar licensing laws, any dentist licensed under the provisions of the Dental Practice Law of Colorado or similar licensing laws, or the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician, dentist, or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with any medical, dental, hospital or other services rendered to the afore mentioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all costs including, but not limited to, transportation, lodging, meals, and other related costs.

The undersigned also hereby give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. Luke's UMC.

The authorizations contained in this Parental Consent Form can only be revoked in writing, signed by the persons whose signatures appear below, and hand delivered to the Director of Early CM or the Senior Pastor of St. Luke's UMC.

Medical Insurance Company _____

Policy Number _____ Group Number _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Dental Insurance Company _____

Policy Number _____ Group Number _____

Known Allergies _____

Current Medications _____

Date of Last Tetanus/DPT _____ Other Medical Conditions: (Use back of sheet if needed)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____