

June 2015- May 2016

FIRST UNITED METHODIST CHURCH AUSTIN
AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Youth's Name: _____
Youth e-mail: _____ Parent's e-mail _____
DOB: _____ Age: _____ Grade: _____ T-Shirt size _____
Address: _____ Zip _____ Home phone number: _____
Father/Guardian's Name: _____ DOB: _____ / _____ / _____
Work Phone: _____ Alt# _____
Mother/Guardian's Name: _____ DOB: _____ / _____ / _____
Work Phone: _____ Alt# _____
Close Relative or Friend: _____ Hm Phone: _____ Wk Phone: _____

Any known allergies requiring special attention: _____
Medical history: _____
Date of last Tetanus shot: _____
Current medications, dosage & use: _____
Physician: _____ Phone: _____
Address: _____
Dentist: _____ Phone: _____
Address: _____

Health Insurance Group: _____ Group# _____
Insurance Company Address: _____ Phone# _____
DOB of Primary Card Holder: ____ / ____ / ____ (hospital requirement for medical attention)

- I hereby give consent to any of the First UMC Austin staff and/or volunteer staff to seek emergency medical treatment for my child(ren) named above in the event of an emergency and in my absence While understanding that all reasonable safety precautions will be observed, I understand the possibility of unforeseen hazards and the inherent possibility of risk. I voluntarily agree not to hold legally liable First UMC Austin, any of its employees, volunteers, or other representatives associated with providing or arranging for emergency medical treatment for my child(ren)."
- I hereby grant permission for First United Methodist Church Austin Adult Sponsors and Leaders to administer non-prescription, over-the-counter medication and prescription medication to the designated youth when such medication is brought in the original prescription container.

<u>PRODUCT</u>	<u>CONTAINS</u>	<u>PURPOSE</u>	<u>CIRCLE ONE</u>
Tylenol	Acetaminophen	Pain Relief	Yes / No
Advil	Ibuprofen	Pain Relief	Yes / No
Benadryl	Antihistamine	Allergic Reaction	Yes / No
Benadryl Cream			Yes / No
Antacid Tablets	Calcium Carbonate	Indigestion	Yes / No
Immodium AD	Loperamide Hydrochloride	Diarrhea	Yes / No
Cortizone			Yes / No
Pepto Bismol		Upset Stomach	Yes / No

- I hereby grant permission for my child to participate in all of the activities of the church.
- I hereby grant permission for my child to leave the church premises under the supervision of an adult for church related activities.
- I hereby grant permission for my child's picture to be taken by First UMC Austin employees, volunteers, or other representatives associated with church events & activities on and off the church premises to be used in church newsletters, brochures, displays and web pages.
- I hereby waive any claim against First United Methodist Church.

FIRST UNITED METHODIST CHURCH

COVENANT OF CONDUCT

FOR UMYF, SUNDAY SCHOOL, BIBLE STUDY, OUTINGS, & RETREATS

1. Have fun
2. Be at all events on time, stay for the duration of the event, don't leave the designated areas for the event, and participate fully in all activities planned.
3. Respect the physical and emotional well being of other youth and adults by "doing unto them as you would have them do unto you."
4. Respect the property of the places that we visit, the church property, and the property of other people.
5. Listen, respect, and follow the word of your adult leaders and report any injury or illness immediately to them.
6. Respect the health of your body and others by not possessing or using any kind of weed, tobacco, alcohol, pills, or other substances, unless it is a prescription drug and written permission has been granted by parent or legal guardian.
7. Possession of or use of any fireworks, firearms, or other weapons is prohibited at any church related activity.
8. Do not engage in any inappropriate sexual behavior. You will not be with the opposite sex in the opposite sex's room, when on overnight functions.
9. Always remember who you are in Christ, and act and dress accordingly. Clothe yourself with Christ. Remember you represent First United Methodist Church.

NOTE: In the case of any misconduct, the adult leaders reserve the right to call parents and send youth home at the expense of the parents. The signatures below indicate that all understand the program and commit to having the most positive experience.

_____ Date _____

Signature of youth

I hereby certify that I have read and fully understand all the permission I grant to First UMC Austin and the Covenant of Conduct. Furthermore I understand the permission I grant to administer over-the-counter and prescription medication.

_____ Date _____

Signature of parent or guardian