

# ACTIVITY PARTICIPATION and MEDICAL AUTHORIZATION FORM

Participant: \_\_\_\_\_ Grade: \_\_\_\_\_

*The health history stated is correct to the best of my knowledge and the participant stated herein has permission to engage in all prescribed activities, except as noted by me and or the physician. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the supervising adult in charge to seek whatever First Aid and/or Professional Medical Treatment they deem necessary, including, but not limited to hospitalize, secure proper anesthesia, or to order injection or surgery for me or my child. I further authorize the supervising adults to make medical decisions until I am able to do so for the above mentioned participant. I understand that any personal, family or employer insurance on the participant will be primary.*

*I, the parent or guardian of the participant hereby gives permission for the above named participant to participate in the First United Methodist Church activities. I release, absolve, indemnify, and hold harmless the First United Methodist Church, sponsors, or representatives appointed by the Church. I likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my child to or from activities.*

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **Medical Information:**

This information is confidential. It is designed for use on the occasion that the participant is unable to give it to the necessary personnel when he / she is in need of medical treatment. This will help us to expedite the necessary care. Please fill this form out as complete as possible.

Insurance Company \_\_\_\_\_

Claim Number \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Preauthorization Phone Number \_\_\_\_\_

**(Please attach a photocopy of Insurance Card)**

What, if any, over the counter pain medicine do you **NOT** authorize the participant be given if needed (i.e. Tylenol, Tums, Benadryl, etc)?

\_\_\_\_\_

Are there any additional medical, behavioral, or situational concerns that adult staff should be made aware of regarding this participant?

\_\_\_\_\_

\_\_\_\_\_

Are there any food allergies or dietary restrictions we should be made aware of?

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Current Medication: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relation to participant : \_\_\_\_\_  
Best Contact Number: \_\_\_\_\_

**Participant Information:**

(Preferred) Name of Participant: \_\_\_\_\_  
Grade : \_\_\_\_\_ School District: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_\_  
Address \_\_\_\_\_  
Participant Cell Phone \_\_\_\_\_ Text: Yes/No Home Phone \_\_\_\_\_  
Participant Email Address \_\_\_\_\_

**Parent/Guarding Information:**

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Profession \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Profession \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Any detail regarding living situations that we should be aware of? Does your child live with both parents, split time between homes, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preferred Email Address(s) for 4G communication:** \_\_\_\_\_  
\_\_\_\_\_

**Photo/Video Permission**

I give my permission for myself and/or the participant's picture/video to be taken for any event in which we may partake. For security reasons, names will not be used. I understand that I may revoke this permission in writing at any time.

**Web Site/ Social Media Permission**

I give my permission for any pictures or video taken to be used on the FUMC Website and social media sites for any event in which we may partake. For security reasons, names will not be used. I understand that I may revoke this permission in writing at any time.

**This is updated information as of \_\_\_\_\_  
(date of submitting form)**

(Yearly updates will be requested for any information change, however, if there are no changes the above authorizations and information stay on file and are considered "current".)