

**Bethlehem United Methodist Church**  
**Trinity Life Center**

**YOUTH PROGRAM PARENTAL CONSENT FORM**

---

---

This form will be held on file and considered legal document for all Bethlehem United Methodist Church / Trinity Life Center Youth activities that your child attends until September 30, 2012.

The Youth Program is Biblically based with a primary focus on the person and life of Jesus Christ in such a way that our young people know him and understand the value of following him as a way of life. We seek to accomplish this task through demonstrating a balanced Christian life, which include opportunities to worship, to study and learn, to serve, and to enjoy the fellowship opportunities throughout the year.

---

---

GENERAL INFORMATION – YOUTH MEMBER

Youth Name (Please print) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade – 2011/12 school year \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Youth's Cell Phone \_\_\_\_\_

Youth's E-Mail Address \_\_\_\_\_

CONTACT INFORMATION – PARENT/GUARDIAN

Mother's Name (Please print) \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Name (Please print) \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Parent's E-Mail Address \_\_\_\_\_

INSURANCE / DOCTOR INFORMATION

Medical Insurance Carrier \_\_\_\_\_

Group Name \_\_\_\_\_ Group Number \_\_\_\_\_

ID Number \_\_\_\_\_ Insured's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

**THINGS WE NEED TO KNOW**

Please check all boxes that apply

**Allergies**

- Food
- Seasonal
- Bee Stings
- Penicillin
- Other:

- Heart Condition
- Convulsions/Seizures
- High Blood Pressure
- Frequent Stomach Upset
- Fainting
- Other:

- Diabetic
- Asthma
- Glasses
- Contacts
- Hearing Aid
- Other:

**IMMUNIZATIONS**

- Tetanus ... Date of most recent booster: \_\_\_\_\_
- Hepatitis

**MEDICATION NEEDS**

Are there any routine treatments or medications required by your child on a daily basis? (Ex. Inhalers)

- No
- Yes ... If yes, please list:

- My child can take their medication
- My child must have their medication administered by an adult

**DIETARY NEEDS**

Are there any special dietary needs?

- No
- Yes ... If yes, please list:

**PARENTAL CONSENT**

- As a parent or guardian, I authorize an adult, in whose care my child has been entrusted, to consent to any x-ray examination, anesthetic, surgical or dental diagnosis or hospital care. I (parent /guardian) shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child.
- As parent or guardian, I hereby give permission for my child to ride in any vehicle (minimum age of driver will be 18) designated by the Director of Youth, while attending and participating in activities sponsored by Bethlehem United Methodist Church / Trinity Life Center.
- We (parent and youth) understand that inappropriate behavior towards another group member, private party, private or church property, or vehicles during a youth event may result in the undersigned parent/youth being financially liable for their actions.
- Should it be necessary for my child to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs.

Youth Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

(This form shall be held on file and considered current until September 30, 2012.)