

**FIRST UNITED METHODIST CHURCH
AUTHORIZATION FOR MEDICAL CARE**

This form is to be used for the 2020 Hurricane Laura Relief ONLY

Name of Youth: _____

Date of Birth: ___ / ___ / ___ Age: ___ Youth cell: _____ Cell Phone Carrier: _____

Address: _____ ZIP: _____

Parent(s)/Guardian:

Mother's Name: _____

Address: _____

Home Phone: _____ Cell #: _____ E-mail: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell #: _____ E-mail: _____

Alternate Contact: _____

Address: _____

Home Phone: _____ Cell #: _____ Work #: _____

Please check all that apply for youth listed above:

___ Allergies ___ Nervous Disorder ___ Mental Handicap

___ Asthma ___ Epilepsy ___ Seizure Disorder

___ Cardiac ___ Physical Handicap

___ Diabetes ___ Emotional Handicap

If you have checked any of the above, please give details, including all known allergies:

Any restrictions that should be observed: _____

Date of last tetanus shot: _____

Medication taken on a regular basis: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Health Insurance Group: _____

Group Number: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____



MORE ON BACK →

The undersigned Parent(s)/Guardian, hereby:

- (1) Certifies that the above information is true and correct.
- (2) Agrees to update the above information with any changes, including providing a copy of any new insurance card received.
- (3) Waives any claim against First United Methodist Church and its employees and volunteers.
- (4) Authorizes and Clergy person, Staff person, Adult Volunteer or Youth Counselor of First United Methodist Church of Baton Rouge, Louisiana to take whatever steps may be necessary to obtain emergency medical care for the above listed youth, including, but not limited to, the following:
 - a. Attempting to contact parents or guardians through the numbers listed on the form
 - b. Attempting to contact the youth's physician or dentist listed above
 - c. Transporting the youth to any doctor's or dentist's office, any medical facility, or any hospital, including calling an ambulance
 - d. Consenting to the treatment of the youth, including consent to any x-ray examination; anesthetic; medical, surgical or dental diagnosis or treatment; and hospital care to be rendered to the youth under the general or special supervision and on the advice of any physician or dentist. This consent includes the right to choose between alternative treatments. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or representatives of First United Methodist Church of Baton Rouge, LA to give specific consent to any and all treatment that a provider may deem advisable in his or her professional judgment.
- (5) Gives permission to transport the youth home if necessary for medical reasons.
- (6) Agrees to pay any expenses incurred under numbers 3, 4, or 5 above.
- (7) Agrees that First United Methodist Church of Baton Rouge and/or its representatives will not be responsible for anything that may happen as a result of false information given on this form, or the failure to update this form.

PARENTAL CONSENT FORM:

I, _____, the parent/guardian of _____, give my child permission to participate in the **2020 Hurricane Laura Relief** with First United Methodist Church in Baton Rouge. I acknowledge that I am allowing my child to participate entirely upon my own initiative, risk, & responsibility.

I understand that my child may be exposed to certain unusual risks that may involve, among other things, the following:

Dangers resulting from disease; from geographic features which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme cold, heat & humidity.

Signature(s) of Parent(s): _____

Date: _____

Parents
sign here
→

Date: _____

YOUTH COVENANT OF BEHAVIOR:

Trips are important in the life of youth here at FUMC. It is essential each participant enters a covenant with God and one another before we travel together. Participants should be aware of behaviors that may serve as "stumbling blocks" for others. We expect each person to provide support in all aspects of the trip—with his or her abilities, time, presence and prayers.

Some guidelines:

1. I will come with an open mind, loving heart and willing spirit.
2. I will participate in all group activities.
3. Everything I do and say will be helpful and supportive.
4. I will be on time to all activities.
5. I will adhere to the Golden Rule: treating others as I want to be treated.
6. I will leave each place better than I found it.
7. I will respect differences in others' understanding of who God is in their lives.
8. I will recognize that my body is a temple of God: I will not use alcohol, tobacco, smoke products or improper language.
9. I have read and agree to abide by this Covenant.

Youth
sign here
→

Signature of Youth: _____ Date: _____