

**Hillview United Methodist Church VBS  
Emergency Information and Consent Form**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

**Emergency Contacts**

<b>Primary Contact</b> _____
<b>Relationship</b> _____
<b>Best Phone</b> _____
Home/cell/work
<b>Alt. Phone</b> _____
Home/cell/work
<b>Email</b> _____

<b>Secondary Contact</b> _____
<b>Relationship</b> _____
<b>Best Phone</b> _____
Home/cell/work
<b>Alt. Phone</b> _____
Home/cell/work
<b>Email</b> _____

The undersigned hereby understand the potential risks involved with activities and give permission for my (our) child, \_\_\_\_\_, to attend a participate in Hillview Youth Group activities sponsored by Hillview United Methodist Church (UMC) for the period of 2016-2017, 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 Idaho Medical Practice Act or similar licensing laws, any dentist licensed under the provisions of the Dental Practice Law of Idaho 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 whose care the minor has been entrusted while attending and participating in activities sponsored by Hillview 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 Christian Education, The Pastor of Hillview United Methodist Church or the Youth Director.

**(Continued on other side)**

**Medical Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**Youth's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Dental Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**Youth's Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Known Allergies** \_\_\_\_\_

**Current Medications** \_\_\_\_\_

**Date of Last Tetanus/DPT** \_\_\_\_\_

**Other Medical Conditions/Behavior Problems** \_\_\_\_\_

**Does your child have an IEP plan or a 504 plan in place**  **Yes**  **No**

**Parent/Guardian Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

You may download this form and fill it out using Adobe Reader.

You can then send it by using the Email button below while in Adobe Reader.