

Brainerd United Methodist Church
PERMISSION, MEDICAL CONSENT AND BEHAVIORAL AGREEMENT
For all activities January 2011 – December 2011

Child's Full Name _____
(circle the name they go by)

Address _____ City _____ State _____ Zip _____

SSN: _____ Date of Birth _____ Age _____ Grade _____ Sex _____

Parent(s) or Guardian Name _____

Home Address (if different from the child's) _____

Phone #'s: Home _____ Day _____ Cell _____

If I am unavailable in an emergency, please notify:

1. Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

*(Check all that apply)

_____ Allergy to a medicine, food, etc. Explain _____

_____ Any condition that may require special care, diet or restriction of activities for medical reasons.

Explain: _____

_____ Asthma _____ Heart Trouble _____ Nose Bleeds _____ Diabetes _____ Convulsions _____ Seizures _____ Fainting Spells

Date of last tetanus shot: _____

Is any medication, including medication for behavior modification, being taken at the present time? _____

If yes, explain _____

Child's Physician's Name _____
Address _____ Phone # _____

Family Medical/Hospital Insurance: _____
(Carrier) (Policy/Group #)

Other comments or suggestions from the parent/guardian concerning this child: _____

I understand that Brainerd United Methodist Church (youth ministry) carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in activities, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give my permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Also in signing this document you grant permission for Brainerd UMC to use pictures and video of you and or your minor for programs and event promoting and on our website as well as posting them on various forms of social media. i.e. Facebook, Myspace, Twitter, etc.

I have read this release agreement and signed it on behalf of myself and anyone entitled to act upon my behalf.

Signature: _____
(parent or guardian)

Print Name Signed Above: _____ Date: _____

Signature: _____
(Notary)

State of _____ County of _____

Subscribed and sworn to before me a Notary Public the _____ day of

_____, 20____. My Commission Expires: _____

*****Please attach a copy of the front and back of your insurance card to this document.*****

BEHAVIORAL AGREEMENT

I understand that in the event of a serious behavioral problem with my child I will be contacted immediately and arrangements will be made for me to pick him/her up. If I am unable to pick up the child immediately I will be responsible for any expenses incurred from other travel arrangements that must be made to send my child back home.

Signature: _____
(parent or guardian)

Print Name Signed Above: _____ Date: _____