



Date Completed: ____ / ____ / ____

AUTHORIZATION FOR MEDICAL CARE OF A MINOR

I, _____, the undersigned parent or legal guardian of
Print Parent/Guardian's Name

_____, do hereby authorize adult representative(s) of
Print Minor's Name

Faith United Methodist Church, Tulsa OK, into whose care said minor has been entrusted, **TO CONSENT TO** any x-ray examination, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general supervision and upon the advice of a licensed physician, surgeon or dentist. **IN GIVING THIS CONSENT, I RECOGNIZE AND UNDERSTAND** that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and in such situations, I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks of foregoing all treatment; in such situations I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he/her in his/her professional judgment determines to be necessary for the health and safety of the above named minor.

X _____
Signature of Parent/Legal Guardian Home Phone Number Work Phone Number

Any Additional Work Numbers Any Additional Cell Phone Numbers

Street Address City, State Zip Code

INSURANCE INFORMATION:

Medical Insurance Company Policy/Group Number

Name of Policy Holder and Employer Youth Social Security # (Needed for Emergency Room)

TREATMENT INFORMATION:

Minor's Birth Date (month/day/year) _____ Date of Minor's Last Tetanus Shot _____
Minor's Primary Physician _____ Phone Number _____
Dentist _____ Phone Number _____
Orthodontist _____ Phone Number _____

Medications Minor is taking—please include both prescription and over the counter medications:

Minor's Allergies _____

Minor's Medical History _____

ALTERNATE PERSON(S) TO CALL IN CASE OF EMERGENCY _____

TRANSPORTATION RELEASE

I, _____ the parent/legal guardian of _____, do hereby give my express written consent for my child to be a passenger on the church van (or alternate church provided transportation) to scheduled Faith Kids and Faith Youth activities, with the understanding that he/she will be required to wear their safety belt while in transit.

X Parent/Guardian Signature: _____ Date: _____

PUBLICITY RELEASE

I, _____ the parent/legal guardian of _____, hereby give my express written consent for the use of my child's image or voice in photographs, audio and/or video recordings taken during Faith United Methodist Church activities for the purpose of publicizing the programs of Faith United Methodist Church and The Oklahoma Conference of the United Methodist Church.

X Parent/Guardian Signature: _____ Date: _____

TEXT MESSAGE COMMUNICATION RELEASE (FAITH YOUTH ONLY)

Faith Youth Ministries wishes to stay in contact with students and parents about upcoming events and needed reminders. Text messaging is being used by a large number of our youth and is their preferred way of communication. By signing this form, you are giving Faith Youth Ministries permission to add your child's cell number to our communication program to receive our texts.

YES NO : My child may be added to the Faith Youth text communication list to receive reminders.

We also value mentor relationships in our ministry between adults and students. One of the easiest ways to communicate with students is through text messaging. By signing this form, you are giving Youth Staff, Confirmation Mentors and Small Group Leaders permission to contact your student individually through text messaging.

**All Youth Staff, Confirmation Mentors and Small Group Leaders have current background checks on file with Faith United Methodist Church.*

YES NO : My child may be individually contacted through text messaging by the Youth Staff, Confirmation Mentors, and their designated Small Group Leader.

Student's Cell Phone #: (_____) _____ - _____

X Parent/Guardian Signature: _____ Date: _____