

PARENTAL CONSENT FORM and COVENANT OF PARTICIPATION

BALLSTON SPA UNITED METHODIST CHURCH YOUTH MINISTRIES
101 MILTON AVENUE BALLSTON SPA, NY 12020 (518) 885-6886 – office

The following information is recommended to be completed by the parent(s) or guardian(s) AND the youth participant, and on file by Ballston Spa United Methodist Church *prior* to participation of the individual in church-sponsored events. Information provided for items preceded by an asterisk is considered optional but we encourage you to provide this information to aid us in the event of an emergency.

To Whom It May Concern:

The undersigned does hereby give permission for my child, _____, to attend and participate in activities sponsored by Ballston Spa United Methodist Church during the years indicated. I understand my responsibility to provide the children's leaders with any changes to the information provided in this *Consent Form* in a timely manner and prior to subsequent participation in future events.

I 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/or hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any properly insured vehicle designated by the adult leadership with a licensed driver 21 years of age or older in whose care the minor has been entrusted while attending and participating in activities sponsored by Ballston Spa United Methodist Church.

2019-2020 School Year

Signature of Parent / Legal Guardian: _____ Date _____

PLEASE PRINT

Youth's Name _____ Date of Birth ____/____/____

Address _____ Home phone _____

Current Grade in School _____

*Does the above-named individual have any known allergies (food, medication, beestings, etc.)? *no* *yes*
If yes, please list and describe [*attach additional sheet if necessary*]:

*Does the above-named individual take any medications? *no* *yes* If yes, please list:

*Any other medical conditions or restrictions (seizures, diabetes, hypoglycemia, asthma, chronic medical conditions, etc.)? *no* *yes* If yes, please list and describe: [*attach additional sheet if necessary*]

