

Please Print Both Pages and Mail with your Registration Form and Fee

**SOUTHWEST TEXAS CONFERENCE
UNITED METHODIST WOMEN
PARENTAL CONSENT FORM**

Name of minor child _____ Date of birth _____ Age _____

Is this the child's first time to attend this event? ___ Yes ___ No

PHOTOGRAPHIC RELEASE:

As the guardian of said minor child, I ___ consent ___ do not consent to the release of any photographs, slides, and video tapes taken during the event to be used in United Methodist Women's promotions.

Signature of Parent or Legal Guardian Printed Name/Relationship Date

PARENTAL CONSENT:

I give permission for said minor child _____ to participate in the _____ sponsored by Southwest Texas Conference United Methodist Women.

I authorize _____ to be the responsible adult/chaperone for said minor child during the event.

Signature of Parent or Legal Guardian Printed Name/Relationship Date

TEEN COVENANT (only necessary for ages 12-17):

As a participant in the above event sponsored by Southwest Texas Conference United Methodist Women, I take seriously my responsibility and affirm my commitment for the well being and safety of myself and others. I agree to remain on the site unless I have been granted permission to leave by my parent or responsible adult. I will attend all scheduled activities, sessions, and meals. I will observe the published curfews by being in my room, being quiet, and not disturbing others. I understand that anything considered illegal for minors (persons under age 18) under civil law and criminal law applies to this event. I will obey all laws. I will not use tobacco, illegal substances, or alcohol, nor will I possess any firearms, weapons, or fireworks. I will respect the equipment and property of others and care for the facility which we share.

This covenant is made between each teen and the entire group. I understand that if I break the covenant, and if the brokenness cannot be reconciled, that my parent or legal guardian will be contacted and my participation in the event may be terminated.

Signature of Teen Participant Printed Name Date

Signature of Parent or Legal Guardian Printed Name/Relationship Date

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT - MINOR
(please type or print legibly)

I. MEDICAL INFORMATION

Name of minor _____ Date of birth _____ Age _____

Parent(s) or Guardian _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Hm Phone () _____ Wk Phone () _____ Cell Phone () _____

Other relative or neighbor (to be contacted in case parent or guardian cannot be reached):

Name _____ Relationship _____ Phone () _____

Minor's Physician _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Minor's Dentist _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Health Insurance Company Name _____

Policy Number _____ Phone () _____

Minor's Date of last Tetanus Booster: _____ Minor's Allergies: _____

Minor's Special Health Needs: _____

MEDICATIONS are being sent with minor in quantity to meet his/her needs. __Yes __No

If yes, list each drug along with dosage and instructions:

List any over the counter medications you DO NOT wish dispensed to the child for minor ailments or injuries:

II. EMERGENCY MEDICAL AUTHORIZATION

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary by qualified medical care providers, hospitals or physicians while my child is en route to or from or in attendance at the event sponsored by Southwest Texas Conference United Methodist Women. Further, I hereby authorize the release of medical records by hospital, clinic, and/or physician for the purpose of filing insurance claims.

The effective dates of this authorization are _____ to _____

Signature of Parent or Legal Guardian

Printed Name/Relationship