



CHILD/ YOUTH PARENTAL CONSENT FORMS
 (One child/youth per form—each child/youth needs his/her own form)

Participant Information

Name of child/youth:			
Age	Grade	Birthdate	Youth cell phone and/or email
Address:		Allergies/Health information:	

City	State		

Parent/Guardian Information

Parent/guardian #1			
Cell phone	Home Phone	Work phone	Email
Address (if different than child's)			

City		State	Zip
<input type="checkbox"/> Check here if address is the same as the child/youth's address			

Parent/guardian #2			
Cell phone	Home Phone	Work phone	Email
Address (if different than child's)			

City		State	Zip
<input type="checkbox"/> Check here if address is the same as the child/youth's address			

Consent

Transportation: The undersigned does hereby give permission for my child to attend any activities or trips in or out of the church building sponsored by Ankeny First United Methodist Church throughout this school year. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Ankeny First United Methodist Church.

Medical authorization: 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 hospital care to be rendered to the minor under the general 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 to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child 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.

Media use: The undersigned understands that photo and video will be taken of children/youth participating in activities sponsored by Ankeny First United Methodist Church. I hereby authorize Ankeny First United Methodist Church to use photo and/or video of my child for church social media accounts, brochures, websites, and/or worship slides. I understand that my child's name will not be connected to photo or video of them without my express permission.

Signature of parent/guardian: _____ Date: _____

Parent/guardian printed name: _____

Child/youth name: _____

Insurance Information

Hospital insurance?	Insurance company	Policy number	Name of policy holder
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Emergency Contact Information

In the event of an emergency, every effort will be made to contact the parent/guardian of the participant. If the parent/guardian cannot be contacted for any reason, the following people will be contacted:

Emergency contact #1		
Relationship to child	Phone number	Additional phone number
Emergency contact #2		
Relationship to child	Phone number	Additional phone number