108 Avent Ferry Road, Holly Springs, NC 27540
*www.hsumc.net*

**Parent/Guardian Consent Form for Children and Youth**
This Form Is Valid for All Church-Sponsored Activities
From September___2021___through August___2022___

Name_____ Age_____ Birthdate_____

Address_____

City_____ State_____ Zip Code_____

Mother/Guardian_____ Cell #_____

Father/Guardian_____ Cell #_____

I give permission for my child, _____ to attend and participate in activities sponsored by HOLLY SPRINGS UNITED METHODIST CHURCH (HSUMC). My permission is granted for the leaders of HSUMC's children and youth ministry areas to obtain necessary medical attention in case of sickness or injury to my child. I understand that HSUMC will not be responsible for medical expenses incurred solely on the basis of this authorization.

I further agree to notify the leaders in writing of any health care changes that would restrict my child's participation in any normal HSUMC sponsored activities. I also agree to notify the leaders in writing of any health insurance changes.

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

I unconditionally release both HOLLY SPRINGS UNITED METHODIST CHURCH AND ALL LEADERS OF ALL CLAIMS.

Health Insurance Company_____

Policy Number_____Group Number_____

Policy Holder's Name_____

In the event that we are unable to contact you in an emergency, whom should we contact next?

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

PLEASE ANSWER THESE QUESTIONS REGARDING YOUR CHILD:

1. Any allergy to medications, foods, insect stings, etc.?
   _____
   _____

2. Are there any other particular medical or emotional conditions that should be known? (fainting, dizziness, asthma, diabetes, bladder problems, seizures, headaches, depression, anxiety, etc.?)
   _____
   _____

3. Is she/he taking any medication currently? _____ If yes, please list name(s) of medication, strength and dosage schedule _____
   _____

4. Are there any family, school or other issues that you feel your child's leaders should know about? _____
   _____

5. My child has my permission to be photographed/videoed by HSUMC and these photos/videos may be shared in print and on HSUMC social media platforms and website for church use. Initial:_____

By signing below, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document.

Signature of Parent or Guardian_____ Date____/____/____