

Children/Choir/Youth Ministry, First United Methodist Church, Cookeville, Tennessee
CONSENT FOR MEDICAL/EMERGENCY TREATMENT

In presenting my child for diagnosis and treatment,

I, _____ For _____
(Parent's Name) (Child's Name)

of _____ years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment of child's condition.

I have read this form and I certify that I understand its contents. I hereby give my consent to the Children, Choir and Youth Directors or Parent Volunteers to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my child. This permission will be effective from August 1, 2022 through August 1, 2023. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Child's Name _____	Home Phone _____		
Address _____	City _____	St _____	Zip _____
Name and Address of Insurance Carrier _____			

Group # _____	Policy # _____		
Family Doctor _____	phone _____		
Pediatrician _____	phone _____		
Dentist _____	phone _____		
Any special Medical Conditions or Allergies _____			
Date of last Tetanus Booster _____		Any Current Medications _____	
_____ Children/Choir/Youth Directors or Parent Volunteers have my permission to give regular strength acetaminophen tablets (Tylenol or generic brand) when requested by my child.			
Please dispense _____ 1 tablet or _____ 2 tablets.			
_____ No permission is given to administer acetaminophen.			
Parent Signature _____			
Date _____			

Permission is granted to use photos of my child for FUMC Children/Choir/Youth Ministry publicity:
_____ Yes _____ No

Code of Conduct

All students are expected to follow the children/choir/youth guidelines and be respectful of fellow students, instructors, staff, and clinicians. Students are reminded that church property, equipment, and supplies are to be treated with respect.

I have read the above Code of Conduct and have discussed the expectations with my child. Please sign and have your child sign, also.

Parent: _____ Child: _____

Current Grade in School: _____

Emergency Number: _____

Second Emergency Contact Person: _____ Phone: _____