



Student Min. Medical Emergency Consent Form 2024-25

Student

Middle Grade (5th, 6th, 7th, 8th grade) High School (9th, 10th, 11th, 12th grade)

Grade in fall of '24 (circle): 5 6 7 8 9 10 11 12

Name of Student: _____ Birth Date: _____

Home Address: _____

Student Cell Phone: _____ E-mail: _____

Parent

Name of Parent(s)/Guardian(s): _____

Mom Cell Phone: _____ Dad Cell Phone: _____

Contact

1. Emergency Contact: _____ Relation: _____

Cell Phone: _____

2. Emergency Contact: _____ Relation: _____

Cell Phone: _____

Doctor

Doctor Office/Name/Phone: _____

Please list any pertinent medications, medical conditions or allergies.

Please share any other pertinent information on the back, if needed.

Consent

I give permission for the above named student to participate in the activities of the Wadsworth UMC Student Ministry. I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Wadsworth United Methodist Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips and is allowed to travel in transportation vehicles sanctioned by Wadsworth UMC. If I wish to revoke this consent for any reason, I will notify the youth leader in writing. I also give consent for my child's likeness to be used in any promotional materials, unless otherwise noted in writing.

Signature of Parent/Guardian: _____ Date: _____

Pledge

Student Pledge: During all youth activities, I pledge to follow all instructions of the youth leaders and to be respectful to all people and property. I will not do anything that might damage the reputation of others, the church or myself and realize that if I do, there will be consequences.

Signature of Student: _____ Date: _____