

Bulverde Methodist Church
28300 US-281, San Antonio, Texas 78260
YOUTH CONSENT FORM 2023-2024

Student Full Name

Date of Birth

Primary Parent or Guardian Name

Parent or Guardian Phone Number

Parent or Guardian Email Address

Address (Address, City, State, ZIP)

Secondary Parent or Guardian Name

Parent or Guardian Email Address

Parent or Guardian Phone Number

Emergency Contact/Relation

Emergency Contact Phone Number

MEDICAL INFORMATION

Current Medication

Allergies

Medical History

Date of Last Tetanus Shot

Primary Care Physician Name/Phone

INSURANCE INFORMATION

Employer	_____
Insurance Provider	_____
Policy Number/Subscriber ID	_____
Group Number	_____
Prescription Plan Provider	_____
Policy Number/Subscriber ID	_____
Group Number	_____

EXPLICIT CONSENT AND RELEASE OF LIABILITY

I, the aforementioned primary parent or legal guardian of the above-named student, consent to the following:

- My student may take part in on-campus and off-campus or overnight trips under the appropriate supervision of a representative of Bulverde United Methodist Church. (BUMC) **Initial:** _____
- Photographs of my student taken at BUMC events may be used in publicity materials for BUMC including, but not limited to, the church website and social media pages. **Initial:** _____
- My student may receive medical treatment in the event of illness or injury. If I am unavailable, a youth worker and/or volunteer has my permission to seek medical attention for my student. **Initial:** _____

My student is unable to participate in the following activities:

I further release Bulverde United Methodist Church, its employees, and volunteers from any liability in the event of any accident en route, during, or returning from any church events and/or trips. This authorization and release is effective from August 1, 2023, to August 1, 2024.

Parent/Guardian Signature: _____

Date: _____