

Wildwood UMC Family Ministries

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

8911 FM-1488, Magnolia, Tx 77354

Participant Name: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Children's, Pre-Teens, or Student Ministries of Wildwood UMC, Magnolia, Texas. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by the Wildwood UMC.

Medical Release

I hereby authorize the, volunteers, Wildwood UMC, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the Children's, Pre-Teens, or Student Ministry leaders of Wildwood UMC of Magnolia, Texas to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all activities sponsored by the Wildwood Family Ministry Team or Wildwood UMC, except as noted:

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)	Phone Numbers	Phone Type (Home, Mobile, etc.)
Name(s)		
Street Address		
City		
State		
Zip		

Parent/Guardian 1

Parent/Guardian 2

Other Emergency Contact(s)

Name(s)	Relationship to Participant	Phone Number
---------	-----------------------------	--------------

Health Care Information

Participant Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

**Physician****Dentist**\_\_\_\_\_  
Name\_\_\_\_\_  
Name\_\_\_\_\_  
Phone\_\_\_\_\_  
Phone\_\_\_\_\_  
Medical Insurance Company\_\_\_\_\_  
Dental Insurance Company\_\_\_\_\_  
Policy/Group Number\_\_\_\_\_  
Policy/Group Number\_\_\_\_\_  
Name of Policy Holder\_\_\_\_\_  
Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Does your child wear glasses or contacts?

Glasses

Contacts

For your child's safety and our knowledge, is your child a good, fair or non-swimmer?

Non-swimmer

Fair

Good

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Wildwood UMC Family Ministry activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

Date of last tetanus shot \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**We will need a copy front and back of your insurance card**

Wildwood UMC Family Ministries  
 Eddie Erwin, Director of Student Ministries  
 Beth Meeks, Asst. Director of Student Ministries  
 Maggie Stilwell, Director of Student Ministries  
 8911 FM-1488, Magnolia, Tx 77354

**Wildwood UMC Family Ministries**  
**STUDENT INFORMATION FORM**  
**8911 FM-1488, Magnolia, Tx 77354**

\*Date: \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Nickname

Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell: \_\_\_\_\_

School \_\_\_\_\_

---

T-Shirt Size	check size:	Adult Small	Adult Medium	Adult Large	XL	XXL	XXXL
--------------	-------------	-------------	--------------	-------------	----	-----	------