

**FIRST UNITED METHODIST CHURCH
AUTHORIZATION FOR MEDICAL CARE**

This form is to be used for the **MissionBR Jan 18-20, 2025 ONLY**

Name of Youth: _____

Date of Birth: ___/___/___ Age: ___ Youth cell: _____ Cell Phone Carrier: _____

Address: _____ ZIP: _____

Parent(s)/Guardian:

Mother's Name: _____

Address: _____

Home Phone: _____ Cell #: _____ Work #: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell #: _____ Work #: _____

Alternate Contact: _____

Address: _____

Home Phone: _____ Cell #: _____ Work #: _____

Please check all that applicable conditions for which your youth has been diagnosed:

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Intellectual/ |
| <input type="checkbox"/> Cardiac Issues | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Developmental Impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional Handicap | <input type="checkbox"/> Other |

If you have checked any of the above, please give details, including all known allergies:

Any restrictions that should be observed: _____

Date of last tetanus shot: _____

Medication taken on a regular basis: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Health Insurance Group: _____

Group Number: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____

**INCLUDE A COPY OF YOUR MEDICAL
INSURANCE CARD!**

MORE ON BACK →

The undersigned Parent(s)/Guardian, hereby:

- (1) Certifies that the above information is true and correct.
- (2) Agrees to update the above information with any changes, including providing a copy of any new insurance card received.
- (3) Waives any claim against First United Methodist Church and its employees and volunteers.
- (4) Authorizes and Clergyperson, Staff person, Adult Volunteer or Youth Counselor of First United Methodist Church of Baton Rouge, Louisiana to take whatever steps may be necessary to obtain emergency medical care for the above listed youth, including, but not limited to, the following:
 - a. Attempting to contact parents or guardians through the numbers listed on the form
 - b. Attempting to contact the youth's physician or dentist listed above
 - c. Transporting the youth to any doctor's or dentist's office, any medical facility, or any hospital, including calling an ambulance
 - d. Consenting to the treatment of the youth, including consent to any x-ray examination; anesthetic; medical, surgical or dental diagnosis or treatment; and hospital care to be rendered to the youth under the general or special supervision and on the advice of any physician or dentist. This consent includes the right to choose between alternative treatments. It is understood that this authorization is give in advance of any specific diagnosis, treatment, or representatives of First United Methodist Church of Baton Rouge, LA to give specific consent to any and all treatment that a provider may deem advisable in his or her professional judgment.
- (5) Gives permission to transport the youth home if necessary for medical reasons.
- (6) Agrees to pay any expenses incurred under numbers 3, 4, or 5 above.
- (7) Agrees that First United Methodist Church of Baton Rouge and/or its representatives will not be responsible for anything that may happen as a result of false information given on this form, or the failure to update this form.

PARENTAL CONSENT FORM:

I, _____, the parent/guardian of _____, give my child permission to participate in the **MissionBR 2025** with First United Methodist Church in Baton Rouge. I acknowledge that I am allowing my child to participate entirely upon my own initiative, risk, & responsibility. I understand that my child may be exposed to certain unusual risks that may involve, among other things, the following: Dangers resulting from disease; from geographic features which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat & humidity.

I also consent for my child's image and/or name or likeness to be used by First United Methodist Church in digital, print and online media:

Signature(s) of Parent(s):

Date: _____

Date: _____

Parents sign here →

YOUTH COVENANT OF BEHAVIOR:

Mission trips are important in the life of youth at FUMC. It is essential each participant enters into covenant with God and one another before we travel. All participants should be aware of behaviors that may serve as "stumbling blocks" for others. We expect each person to support all aspects of the trip—with his or her abilities, time, presence and prayers. Each YOUTH must sign and agree to the following:

1. I will come with an open mind, loving heart and willing spirit.
2. I will be a contributing group member and will participate and be on time to all group activities
3. Everything I do and say will be helpful and supportive
4. I will adhere to the Golden Rule: treating others as I want to be treated
5. I will leave each place and person better than I found it
6. I will respect differences in others' understanding of who God is in their lives.
7. I will recognize that my body is a temple of God. Therefore, I will not use improper language, indecent dress, alcohol, tobacco, cigarette (or similar) products, or uncontrolled substances
8. I will respect those I share space with by acting to prevent the spread of communicable diseases
9. I have read and agree to abide by this Covenant

Youth sign here →

Signature of Youth: _____ Date: _____

INCLUDE A COPY OF YOUR
CHILD'S MEDICAL
INSURANCE CARD HERE

PLEASE INCLUDE A COPY OF
YOUR CHILD'S COVID-19
VACCINATION CARD HERE IF
AVAILABLE

If you are feeling ill before our departure (especially with flu- or COVID-like symptoms) please consider sitting this one out. We can work out refunds as able. Of course we will miss you, and will look forward to working with another time.