



**Heifer Summer Mission Trip 2008**  
**Aug 14 – 18, 2008**

**Parental Consent, Certification, Medical Authorization**

Parents and legal guardians of youth are asked to complete this form and return it to the church. The information requested is designed to assist the church in providing for the safety of minors during church sponsored activities.

**General Information (please print)**

Name of Participant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in Fall 2008 \_\_\_\_\_

Father/Mother/Guardian's Name (if under 18)

\_\_\_\_\_

Participant Address \_\_\_\_\_

Youth's Phone Numbers (cell and house)

\_\_\_\_\_

Parent's Home Phone number (if different)

\_\_\_\_\_

Parent's Work and Cell Numbers

\_\_\_\_\_

**Consent and Certification**

I, the undersigned, being the parent or legal guardian of the youth named above (the "youth"), do hereby consent to the participation of my youth in all of the regularly scheduled activities of the youth group of Metropolitan Memorial United Methodist Church of Washington, DC, during 2004, including field trips, camp outs, swimming, skiing, boating, hiking, sporting events, Appalachia Service Project (ASP) trips and any other activities customarily associated with a church youth group. Further, I certify that my youth is physically fit to participate in such events (except as noted below).

**Medical Questionnaire (continued on back)**

Is your youth presently being treated for an injury or sickness or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ (if yes, please explain)

\_\_\_\_\_

Is your youth allergic to any type of medication? Yes \_\_\_ No \_\_\_ (if yes, please explain)

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Does your youth require a special diet? Yes \_\_\_ No \_\_\_ (if yes, please explain)

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Does your youth have or ever had) any of the following: (circle and explain below)

Seizure disorders  
Diabetes

Asthma  
Hay Fever

Heart Murmur  
Kidney Disease

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Does your youth have any allergies other than medications? Yes \_\_\_ No \_\_\_ (if yes, please explain)

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Does your youth ever sleep walk? Yes \_\_\_ No \_\_\_

Can your youth swim? Yes \_\_\_ No \_\_\_

Does your youth have any physical handicap or illness which would prevent him / her from participating in normal rigorous activities? Yes \_\_\_ No \_\_\_ (if yes, please explain)

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### Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my youth. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my youth is injured or becomes ill. I understand that the church (Metropolitan Memorial United Methodist Church) and the adult supervisors will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/legal guardian.

I agree to notify that church in the event of any health changes which would restrict my youth's participation in any normal youth activities. I also understand that the adult supervisors reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

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(Signature of Parent / Guardian)

(Date)

Health Insurance Company Name \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Please also attach a copy of your health insurance card (front and back)