

ASBURY UNITED METHODIST CHURCH OF COLUMBUS, INC.

Mission Columbus Project – Minor Consent to Treat or Administer and Emergency Information Form

THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN BEFORE A MINOR VOLUNTEER BEGINS A MISSION COLUMBUS PROJECT FOR ASBURY UNITED METHODIST CHURCH OF COLUMBUS, INC (“Asbury”). THIS FORM MUST BE UPDATED BY A PARENT OR GUARDIAN YEARLY OR SOONER IF INFORMATION CHANGES.

Participant Information

Full Name: _____ M F DOB: _____
Home Address: _____
Phone: _____ Other languages spoken at home: _____

Parent or Guardian Information

Relationship to child: Mother Father Guardian Other: _____
Full Name: _____ Primary Language: _____
Home Address: _____
Phone – Home: _____ Cell: _____ Work: _____
E-Mail. Home: _____ Work: _____

Parent or Guardian Information

Relationship to child: Mother Father Guardian Other: _____
Full Name: _____ Primary Language: _____
Home Address: _____
Phone – Home: _____ Cell: _____ Work: _____
E-Mail. Home: _____ Work: _____

Emergency Contact Other than Parent or Guardian

Full Name: _____ Full Name: _____
Relationship to child: _____ Relationship to child: _____
Phone: _____ Phone: _____

Emergency Information

Child’s Doctor: _____ Phone: _____
Health Insurance Provider: _____ Phone: _____
Policy Number: _____ Group Number: _____
Child’s Dentist: _____ Phone: _____

Medical Conditions

No Medical Condition Yes. Child has Medical Condition. **If yes, please check below:**
 Asthma. Uses inhaler? Yes No On daily Medication? _____
 Seizures. On Medication? Yes No _____
 Diabetes. Insulin dependent? Yes No _____
 Headaches. On Medication? Yes No _____
 ADHD. On Medication? Yes No _____
 Allergies. LIST: _____
Date of last reaction: _____
Treatment: _____
 Other Condition or Medications: _____
Date of last tetanus shot? _____

**Consent for Medical Treatment, Emergency Release and
Administration of Over-the-Counter Drugs:**

In the event of a medical emergency or need for medical treatment or attention, and reasonable attempts to contact a parent/guardian or emergency contact have failed, or there is not time considering the circumstances, by my signature below, I hereby grant full power, permission and authority to Asbury United Methodist Church of Columbus, Inc., and its adult Volunteers and Supervisors (“Asbury”) to take all appropriate action for the safety and welfare of my child, and/or make all necessary arrangements for my child to be transported and treated at the nearest hospital, medical office, or similar establishment to receive emergency care, and release the above information to be used during such emergency. I hereby release Asbury and any of its administrators, officers, agents, servants, trustees, councils, volunteers, representatives, and/or employees from any liability as a result of their exercise of any power conveyed under this Consent. I agree to be financially responsible for the cost of any medical care provided to my child under this authorization, beyond or in addition to insurance that might be provided through Asbury.

I further give permission for Asbury to administer the following over the counter products if determined in the best interests of my child during a Mission Columbus Project. Check the product you approve to be administered:

- Acetaminophen** orally: active ingredient in Tylenol for pain, headaches or fever reliever.
- Ibuprofen** orally: same uses as acetaminophen.
- Antibiotic Ointment**: contains polymyxin B, bacitracin, neomycin. Used for cuts, scrapes, burns.
- 1% Hydrocortisone Topical**: a corticosteroid agent for itching (bug bites, poison ivy, etc...)
- Benadryl itch relief stick or generic substitute**, topically: same use as Hydrocortisone.
- Diphenhydramine** orally: active ingredient in Benadryl. For diffuse itching. Also, the sleeping aid in Tylenol PM.
- Solarcaine burn relief aloe extra gel or generic substitute**: contains aloe and lidocaine (anesthetic agent to help cut down pain). For sunburns, other burns and bug bites.
- Band-Aid brand wash** or generic substitute topically: contains benzalkonium chloride, an antiseptic agent and lidocaine. Used to clean cuts and scrapes.
- Band-Aid brand adhesive bandages** or generic substitute.
- Insect repellent**: possibly containing DEET to repel mosquitos, ticks, etc... .

Custodial Parent/Guardian signature: _____

Custodial Parent/Guardian printed name _____

Date _____