



VALID:
August 2026 –
August 2027

Youth Ministries of First United Methodist Church of Fort Worth, Inc.

800 W. 5th St. | Fort Worth, TX 76102 | 817-336-7277 | fax 817-877-3827 | fumcfw.org

PARENTAL CONSENT, CERTIFICATION, MEDICAL AUTHORIZATION

Parents and legal guardians of a minor child are asked to complete this form and return it to the Youth Ministries office. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Youth Name _____ DOB ____/____/____ Gender _____

Address _____ City _____ State _____ Zip _____

Parent 1 _____ Cell Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Parent 2 _____ Cell Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Emergency Contact 1 _____ Relation _____ Cell Phone _____

Emergency Contact 2 _____ Relation _____ Cell Phone _____

MEDICAL INFORMATION

Allergies (dietary, environmental, medication, etc.)

Medical Limitations (anything that would prevent your students from participating in normal rigorous activities)

List ALL prescription medications and dosing instructions

Dietary Restrictions _____

Date of last shot (MM/YYYY) (leave blank any that do not apply/do not know date)

Can Student Swim?

Tetanus/Tdap (____/____)

Influenza (____/____)

COVID-19 (____/____)

☐ Yes ☐ No

Adult Leaders at FUMCFW have my permission to administer ☐ All Listed Over The Counter (OTC) Medication

☐ Ibuprofen

☐ Acetaminophen

☐ Benadryl

☐ Hydrocortisone

☐ Claritin

☐ Zyrtec

☐ Dramamine

☐ Tums / Pepto

☐ Mucinex

☐ Nyquil/Dayquil

☐ Other _____

List ANY OTC medications your student CANNOT take _____

Medical Insurance Co. _____ Policy and/or Group # _____

Insured's ID # _____ Name of Policy Holder _____

PERMISSION AND RELEASE

Consent and Certification: First United Methodist Church of Fort Worth, Inc. sponsors various activities for its youth. I give permission for my youth to participate in any church-sponsored activity that my youth attends. I further give permission for my youth to ride with a driver who has been certified through the church during those activities. I understand that with any activity, including transportation, there is the chance of injury to person or damage to property. Notwithstanding that risk, I release, relieve and hold harmless First United Methodist Church of Fort Worth, Inc., its employees, members, and volunteers (including drivers) from any and all liabilities, including liability resulting from injury to person or damage to property, arising out of my youth's participation in a church-sponsored activity, including transportation provided by a church certified driver. It is not unusual for youth to ride with their peers who are licensed to drive. I understand and agree that the driver's personal auto insurance policy is primarily responsible for injuries or damages resulting from any child riding with their peers to or from Church activities. I agree to be responsible for transporting my youth to and from church events if I do not want them riding with their peers. I understand that my youth may be photographed, and that these photographs may be included in publications and web sites of First United Methodist Church of Fort Worth, Inc.

_____ I have read and agree to these terms and give my permission and consent.

Photography Consent: I understand that my youth may be photographed, and that these photographs may be included in publications and web sites of First United Methodist Church of Fort Worth, Inc." with an option to opt in and opt out. Include the following sentence: "If you opt out of having your student photographed, the youth staff may reach out for clarification and/or more information.

_____ I have read and agree to these terms and give my permission and consent.

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 will not be responsible for medical expenses incurred but that it will be my responsibility as parent/guardian. I hereby release the Church, its staff and volunteers of any liability in the event of accident or injury. I agree to notify the Church in the event of any health changes which would restrict my youth's participation in any activities. I also understand that the adult supervisors reserve the right to restrict my youth from any activities that they do not feel is within the physical capabilities of my youth.

_____ I have read and agree to these terms and give my permission and consent.

Print Name _____ Signature of Guardian _____ Date _____