

Parental Consent Form for Wesley United Methodist Church

Youth Information

Name _____ Birth Date _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Parent or Guardian Information

Name: _____ Relationship _____

Home Phone # (if different from above) _____

Work #: _____ Cell #: _____

Name: _____ Relationship _____

Home Phone # (if different from above) _____

Work #: _____ Cell #: _____

Physician & Insurance Information

Insurance Company _____ Policy #: _____

Group #: _____

Physician Name _____ Physician Phone _____

Dentist Name _____ Dentist Phone _____

Health Information

Please check all that apply and explain

Bladder/kidney problems _____

Heart problems _____

Asthma _____

Seizures _____

Diabetes _____

Sinus trouble _____

Allergies _____

Bee sting reactions _____

Other _____

Medications taken regularly _____