

Medication Consent Form

I, _____, do hereby give my permission for teachers or leaders of First Church of God, Greeneville, TN, to dispense over-the-counter medications (as indicated below) to my child, _____ when necessary. Situations such as headaches, colds, etc., may be treated in my absence provided that the medication administered and the exact time are recorded and a copy of that information is sent home. In the case of out-of-town trips, I trust the teacher or leader in charge to carefully assess my child, and distribute over-the-counter drugs as necessary.

Typical Over-The-Counter Medications:

Please check all that you approve to be given to your child:

- | | |
|-----------------|---------------------------|
| _____ Tylenol | _____ Cold Remedies |
| _____ Ibuprofen | _____ Laxatives |
| _____ Aspirin | _____ Antacids |
| _____ Benedryl | _____ Diarrhea treatments |
| _____ Sudafed | _____ Other (please list) |
| | _____ |
| | _____ |
| | _____ |

IMPORTANT:

Please check any drug allergy:

- | |
|---------------------------|
| _____ Penicillin |
| _____ Sulfa drugs |
| _____ Aspirin |
| _____ Other (please list) |
| _____ |
| _____ |
| _____ |

Parent Signature: _____

Child's Name: _____

Date _____

PARENTAL CONSENT FORM

Name _____ Age _____ Birth Date _____
Address _____ Phone () _____
City _____ State _____ Zip Code _____
School _____ Grade in or just completed _____
Parent (s) business phones _____

To whom it may concern:
The undersigned does hereby give permission for our/my child/children,
_____ , to attend and participate
in activities sponsored by First Church of God.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Church of God.

Hospital Insurance Yes _____ No _____ Insurance company _____
Policy Number _____ Emergency phone numbers _____

Participant _____ Date _____

Father _____ Date _____ Notary _____

State of Tennessee

Mother _____ Date _____ County of _____

Legal guardian _____ Date _____ Expires _____

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.



2011 TN COG Fall Retreat

Youth Registration

ATTENDEE INFORMATION

Name: _____ Age: _____
Address: _____
City/State/Zip: _____ Home Phone: _____
Church/Youth _____
Group: _____ e-mail address: _____
Emergency _____ Phone: _____
Contact : _____

YOUTH/PARENTAL CONSENT

I, _____, parent /guardian of _____ hereby give my
permission to authorize medical treatment for _____ if necessary.
Insurance Provider _____ Group # _____
Policy # _____ Primary Insured _____
Prescribed or OTC medications _____
Allergies _____

Additionally, My child and I are responsible for any damages to property, camp facilities, or person caused by my child. Any attendee who does not abide by the policies set forth by the state youth council and 4 – H camp will be subject to dismissal from the fall retreat.

Parent/Guardian Signature _____ Date _____
Contact Numbers _____

I will abide by the rules and guidelines of the 4 - H Center and those set forth by the TN Church of God State Youth Council & Leaders. I agree to show respect for the property, facilities, and others by demonstrating responsible behavior and appearance that reflect the standards of Christianity. I acknowledge that I am responsible for any damages to property, camp, facilities, or person that I might cause and will make restitution should damage occur.

Retreat Attendee Signature _____ Date _____

RETREAT COST & REGISTRATION

Fall Retreat Cost \$70 per person. Pre-Registration amt. is \$10; Balance of \$60 is due at check – in. Ropes Course Fee (Additional \$10) can be paid in advance or at registration. If paid in advance, please indicate below

Pre-Registration _____ Registration Balance _____
I wish to participate in Ropes Course _____ Ropes Course Fee Amt. Included with pre-reg _____