Trenholm Road United Methodist Church

3401 Trenholm Road | Columbia, SC 29204 YOUTH CONSENT FORM

(Student Name: First, Middle Initial, Last)	Date of Birth)		
(Primary Parent or Guardian Name) (Parent or Guardian Email Address)			
(Primary Parent or Guardian Conact Phone)			
(Address)	(City, State)	(Zip Code)	
(Secondary Parent or Guardian Name)	(Secon	dary Parent or Guardian Email Address)	
(Secondary Parent or Guardian MePConact Phone)			
(Emergency Contact Name Other Than Parent or Guardian)	(Relation)	(Phone Number)	
MEDI	CAL INFORMA	ΓΙΟΝ	
(Current Medications and Dosages If None, Write None)	(Aller	gies If None, Write None)	
(Medical History If None, Write None)		(Date of Last Tetanus Shot)	
(Primary Care Physician Name)		(Phone)	
INSURA	ANCE INFORMA	ATION	
(Employer)		(Insurance Provider)	
(Policy Number/Subscriber ID)	(Group	Number)	
(Prescription Plan Provider)			
(Policy Number/Subscriber ID)		(Group Number)	
EXPLICIT CONSENT. I, the aforementioned primary parent or legal guardian of the My student may take part in on campus and off campus of Trenholm Road United Methodist Church (TRUMC) Photographs of my student taken at TRUMC events may church web site. My student may receive medical treatment in the event of seek medical attention for my student. My student is not able to participate in the following specifications.	the above-named stor overnight trips up the used in publicity fillness or injury.	udent, consent to the following: nder appropriate supervision of a representative of Please initial: y materials for TRUMC including, but not limited to Please initial: If I am unavailable, a youth worker has my permission Please initial:	n to
I further release Trenholm Road United Methodist Chany accident in route, during or returning from any chargement from August 1, 2022- August 1, 2023.		or trips. This authorization and release is effecti	
(Date)	(Notary - Commission Expires)		