



108 Avent Ferry Road, Holly Springs, NC 27540  
[www.hsumc.net](http://www.hsumc.net)

**Parent/Guardian Consent Form for Children and Youth**

This Form Is Valid for All Church-Sponsored Activities  
From September \_\_\_2025\_\_\_ through August \_\_\_2026\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ to attend and participate in activities sponsored by HOLLY SPRINGS UNITED METHODIST CHURCH (HSUMC). My permission is granted for the leaders of HSUMC's children and youth ministry areas to obtain necessary medical attention in case of sickness or injury to my child. I understand that HSUMC will not be responsible for medical expenses incurred solely on the basis of this authorization.

I further agree to notify the leaders in writing of any health care changes that would restrict my child's participation in any normal HSUMC sponsored activities. I also agree to notify the leaders in writing of any health insurance changes.

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

I unconditionally release both HOLLY SPRINGS UNITED METHODIST CHURCH AND ALL LEADERS OF ALL CLAIMS.

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

In the event that we are unable to contact you in an emergency, whom should we contact next?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

PLEASE ANSWER THESE QUESTIONS REGARDING YOUR CHILD:

1. Any allergy to medications, foods, insect stings, etc.?

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2. Are there any other particular medical or emotional conditions that should be known? (fainting, dizziness, asthma, diabetes, bladder problems, seizures, headaches, depression, anxiety, etc.?)

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3. Is she/he taking any medication currently? \_\_\_\_\_ If yes, please list name(s) of medication, strength and dosage schedule \_\_\_\_\_

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4. Are there any family, school or other issues that you feel your child's leaders should know about? \_\_\_\_\_

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5. My child has my permission to be photographed/videoed by HSUMC and these photos/videos may be shared in print and on HSUMC social media platforms and website for church use.

Initial: \_\_\_\_\_

By signing below, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_