

MEDICAL Consent Form

Rationale for YMMS

The FL PAD implemented the Youth Ministries Management System to integrate all the vital Club information into one updated system that is accessible to many groups at the same time. The local Club enters each child/adult's information and then it is securely saved so that the Club Director/Secretary can access it from anywhere and anytime with an internet connection. In addition, the Club can log a digital history for each member or transfer that information if a member transfers to another Club. The volunteer Coordinator team has access to valuable data that allows them to better serve Clubs (seeing when their events are, if they need help with registering for an event, to encourage them to complete tasks by certain deadlines, etc.). And the PAD office is better able to analyze, communicate, log, and track how Clubs are doing by Clusters or Areas. The system has simplified our registration process for events, how background checks are processed (and making sure the right adults attend our events). And finally, the North American Division has chosen to adopt this system for the division as well, because they see all the benefits. Using YMMS for medical info is OPTIONAL.

THIS FORM IS REQUIRED - Clubs Must use this form. One per Club Member. It MUST be notarized and kept on file with the your Club Director / Secretary.

Club Applicant's Personal Basic Medical (Allergy/Health) Information

Name _____ Age _____ Birthdate ____/____/____

We the parents/guardians of _____ hereby ___ give or ___ do not give permission to the Club Director to register my child into the Youth Ministries Management System in order for my child to be eligible to attend Conference Events. If I do not grant permission, I understand that my child will be limited to only participating in local Club events only.

We hereby **give / do not give** permission to the Club Director to register my child's allergies into the Youth Ministries Management System in order for the Florida Conference to anonymously gather attendee data to better plan events and provide medical volunteers proper medical supplies, accordingly. If I do not grant permission, I understand that my child will be limited to only being treated for general First Aid situations and sent to the Emergency Room in case of moderate to severe allergic reactions for which the event may not have been prepared for. All information entered in the medical section of the YMMS is accessible ONLY to those event specific medical/office staff that need-to-know medical information to best serve attendees at PAD events.

_____	_____	Please provide contact info for one parent or guardian.
Father's Name	Mother's Name	
_____	_____	_____
Father's Signature	Mother's Signature	Email
_____	_____	_____
Guardian's Name (If applicable)	Guardian's Signature (If applicable)	Cell Phone

Subscribed and acknowledged before me this ____ day of _____, of _____, who is personally known to me or who has produced identification.

(Notarial Seal)

Local Club Use Only

Notary Public signature, State of Florida