

First United Methodist Church of High Springs
17405 NW US Hwy 441
High Springs, FL 32643
(386) 454-1255

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ Grade: _____ Birth date: _____ Age: _____

Address: _____
Street/Apt Number City Zip code

Parent Name(s): _____

Daytime Phone Number: _____ Evening Phone Number: _____

Emergency Contact Numbers: _____

As the parent/guardian of _____
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for the year August 1, 2019 – July 31, 2020 which carry with them a certain degree of risk. These may include swimming, boating, hiking, manual labor, sports, and any number of other physically demanding activities included in fellowship, service, and other church-related outings and events. I give my consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

_____ I represent that my child/youth has restrictions on the following particular activities:

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child/youth. In circumstances where necessary, I authorize the church to seek appropriate medical attention, including hiring a doctor or health-care professional. I also give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel my child/youth should not participate in any particular activities, for health reasons or any other concerns.

Allergies or other health considerations: _____

Insurance Company: _____ Policy/Group # _____

ADDITIONAL CONSENT

Also, I give my permission for use of photographs of my child/youth on the website or any other promotional literature. I understand that in the event of conduct and/or behavioral problems with my youth that cannot be rectified, I will personally come get my youth, arrange for someone to come get my youth, or arrange for the individual transportation of my youth home from this event.

Signature of Parent or Guardian _____

Notary Stamp / Seal:

Notary Signature Date