

**First United Methodist Church of High Springs
PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

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

Address: _____
Street/Apt Number City Zip code

Parent/Guardian Name(s): _____

Daytime Phone Number: _____ Evening Phone Number: _____

Emergency Contact Name and phone number: _____

Does your child/youth have any allergies? YES NO

If yes, please list allergies here: _____

Health Issues: _____

Are there any medications your child/youth is currently taking regularly? YES NO

If yes, please list medications here: _____

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS

The following is a list of medications we will have available in our first aid kit. Please check which medications may **NOT** be used to treat your child. You will be contacted prior to any medications being given to your child.

____ Tylenol (acetaminophen) ____ Advil (ibuprofen) ____ Neosporin ____ Benadryl (diphenhydramine)

PARENTAL CONSENT

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, 2020 – July 31, 2021, 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 initial next to the relevant statements.

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

_____ I 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:

PLEASE CONTINUE TO PAGE TWO

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 but not limited to calling EMS or taking my child to an urgent care facility or ER. 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.

Name of primary insured: _____

Insurance Company: _____ Policy/Group # _____

ADDITIONAL CONSENT

If you agree, please initial next to the following statements.

_____ 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 child/youth that cannot be rectified, I will personally come get my child/youth, arrange for someone to come get my child/youth, or arrange for the individual transportation of my child/youth home from this event.

Signature of Parent or Guardian _____

Notary Stamp / Seal:

Notary Signature

Date