

**PARENTAL CONSENT AND MEDICAL AUTHORIZATION  
2014- 2015**

Name of child/youth: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Parents' phone number: \_\_\_\_\_ Alt. emergency number: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

As their parent (or legal guardian), I understand that my child/youth will be participating in a number of activities for the years 2014-2015, which carry with them a certain degree of risk. Some of the activities are field trips, sports, and other activities which the church may offer. For youth, this includes Barefoot Hangout time.

\_\_\_\_\_ I consent for my young person to participate in the activities of First UMC.

\_\_\_\_\_ I give permission for photos to be taken for promotional use.

\_\_\_\_\_ I give consent for my child/youth to travel during church events in transportation provided by volunteer drivers who have been screened by the church.

**For parents of youth only:**

\_\_\_\_\_ I give permission for my young person to leave campus during Barefoot Hangout after signing out and notifying the adult in charge.

\_\_\_\_\_ I would like to be added to the parent text message list. E-mail: \_\_\_\_\_

\_\_\_\_\_ I would like to be added to the parent e-mail list. Cell Number: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional. I 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 there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations:

Limitations on physical activities:

Insurance Company: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**\*\*Please provide us with a copy of your insurance card.**

**Signature of Parent or Guardian** \_\_\_\_\_

**\*\*\*This form must be notarized.**

**Notary's name** \_\_\_\_\_ **Notary stamp:**

**Notary's signature** \_\_\_\_\_ **Date** \_\_\_\_\_