

**SAINT PAUL'S UNITED METHODIST CHURCH  
PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

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

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Street/Apt Number

City

Zip code

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Parent Cell Phone Number \_\_\_\_\_ E-Mail: \_\_\_\_\_

Alternate Contact or Parent daytime phone # \_\_\_\_\_

Evening Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

As the parent (or legal guardian) of: \_\_\_\_\_  
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for the calendar year \_\_\_\_\_, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I 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 represent that my child/youth has restrictions on the following particular activities: \_\_\_\_\_

My child has the following known allergies:

\_\_\_\_\_

My child has the following health condition:

\_\_\_\_\_

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

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for Saint Paul's United Methodist Church to use my child/youth's name and/or image on the church website; church directory; church posters or any and all media for church purposes.

**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. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and 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.

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

Child's physician: \_\_\_\_\_ phone # \_\_\_\_\_

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

**STATE OF FLORIDA  
COUNTY OF LEON**

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared \_\_\_\_\_, who is personally known to me or provided \_\_\_\_\_ as identification and (s)he did not take an oath.

Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature