

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 period of August 1, 20__ to July 31, 20__ (maximum 2 years), that carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities that 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/youth has the following known allergies: _____

My child/youth has the following medical conditions: _____

My child/youth has the corresponding needs (including medications) related to the aforementioned activity restrictions, allergies, and/or medical conditions: _____

_____ I also understand and give consent for my child/youth 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.

I also understand that it is my responsibility to notify the church of any changes of insurance providers and/or plans, medications and/or conditions related to my child/youth’s health, and any other circumstances that arise that were not present at the time of submitting this document.

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