

Palm Coast UMC Children and Youth Ministry

Parental Consent and Medical Authorization
5200 Belle Terre Parkway, Palm Coast, FL 32137

Full Name of Child/Youth _____ DOB _____

Home Address _____

Phone# _____ School _____ Grade in Fall _____

I understand that my child/youth will be participating in a number of activities for the period of **June, 2018 - May, 2019**, some of which carry with them a certain degree of risk. I hereby consent for my child/youth to participate in these activities.

Please indicate any restrictions to 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 activities: _____

MEDICAL TREATMENT AUTHORIZATION

I hereby release PCUMC, its staff, and volunteers from responsibility and liability for any injury or illness that my student may sustain during these activities.

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, than I authorize the Church to hire a doctor or healthcare professional on my child's/youth's behalf, and I give my permission to the doctor or other healthcare professional to provide the medical service deemed necessary. I will pay for any medical expenses so incurred.

I will notify the Church if I feel there are any health consideration that would prevent my child/youth from participation in any of the activities with Palm Coast United Methodist Church Children's or Youth Ministry.

Signature of Parent/Legal Guardian _____ Date _____

Home Phone _____ Cell Phone _____

Work Phone _____ Emergency Phone _____

Allergies or other health considerations _____

Medication taken _____

Medical Insurance Company _____

Member Name _____

Member's DOB _____

Policy # _____ Group # _____

Phone Number _____

Notary Stamp/Seal, Date and Signature _____