



First United Methodist Church

APPENDIX VI: PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth

Student's Street Address

Student's Birthday

City / State / Zip Code

Student's Current Grade

Parent's E-Mail Address

School

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 during 2018-19, 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.

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

*Please fill out the Medical Information Section found on the reverse of this form.
Please indicate any restrictions on your child's / youth's activities.*

CONSENT FOR MEDICAL TREATMENT for 2018-19

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.

Parent or Guardian (Signature)

Date

Parent or Guardian (Please Print name and Relation)

See Reverse side of this form for contact numbers and list of additional Parent or Guardians and secondary contacts.

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by

(Notary Seal must be affixed below)

Signature of Notary

Name of Notary (Typed, Printed, or Stamped)
Commission Number (if not legible on seal): _____

My commission Expires (if not legible on seal): _____

____ Personally Known
____ Produced a current Florida Driver's License as identification
____ Type of Identification Produced _____
(notary must check one)

ADDITIONAL INFORMATION

Health Insurance Information

(If your child is insured, please fill out the following insurance information & attach a copy of any applicable insurance cards.)

Medical Insurance Company

Insured's Name

Policy Number

Group Number

Please list any additional information needed at time of service, which may include the student's social security number, and or insured parent's social security number:

Physician's Name

Physician's Phone Number

Dentist's Name

Dentist's Phone Number

MEDICAL INFORMATION for 2018-19

To be completed by parent or guardian for all children participating in church activities.

Please indicate any medical or physical 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: _____

Are there any allergies or reactions to medications, insect bites, foods, etc...? Yes _____ No _____

If yes please describe _____

List tetanus inoculation date (must have had series of DPT, DT, or tetanus booster in past ten years). _____

Can your child/youth be given Tylenol or Advil by the adult in charge to treat a headache or minor aches and pains if requested by the child / youth? Yes _____ No _____

PARENT OR GUARDIAN CONTACT INFORMATION

Please print all Parents or Guardians Authorized to administer Consent for Medical Treatment to the above stated student, and list all applicable phone numbers. PLEASE INCLUDE THE AREA CODE.

Parent or Guardian Filling out this Form
(Please print name and relation)

(____) _____
Home or Business Phone Number

(____) _____
Mobile Phone Number

2nd Parent or Guardian if Applicable
(Please print name and relation)

(____) _____
Home or Business Phone Number

(____) _____
Mobile Phone Number

Secondary Contact Name & Relation

(____) _____
Secondary Contact's Phone Number

(The Secondary Contact is to be contacted in case the above parent or guardian cannot be reached.)