



# 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 2020-2021, 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 2020-21

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 2020-2021**

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

(\_\_\_\_\_) \_\_\_\_\_  
Secondary Contact's Phone Number