

First United Methodist Church of Starke
200 N Walnut Street (Mailing is: P.O. Box 157)
Starke, FL 32091

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of Child/Youth: _____ Grade: ____ Age: ____

Address: _____
Street/Apt Number City Zip code

Daytime Phone Number: _____ Evening Phone Number: _____

Name of Parent/Legal Guardian: _____

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 **2014**, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, skiing, tubing, wakeboarding, snowboarding, camping, field trips, sports & other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions/approval on your child's/youth's activities w/ your INITIALS:

_____ 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:

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

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.

ALLERGIES AND/OR HEALTH CONSIDERATIONS:

Insurance Company: _____ Policy/Group # _____

DO NOT SIGN UNTIL NOTARY IS PRESENT

Signature of Parent or Guardian _____

Notary Stamp/Seal, Date and Signature
