

APPENDIX VI to the FL Conference Child Protection Policy

First UMC, 305 Dunlawton Avenue, Port Orange, FL 32127

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ Grade: _____ Age: _____

Address: _____
Street/Apt Number City Zip code

Cell Phone #: _____ Cell Phone #: _____

As the parent (or legal guardian) of: _____
Child/Youth's Name

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 all activities.

_____ I represent that my child/youth has restrictions on the following particular activities:

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care 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 or other health considerations:

Insurance Company: _____ **Policy/Group #** _____

Signature of Parent or Guardian: _____

Notary Stamp/Seal, Date and Signature: _____