

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Killearn United Methodist Church, 2800 Shamrock South Tallahassee, FL 32309

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

Address: _____

City _____ State _____ Zip code _____

Daytime Phone Number: _____ Evening Phone Number: _____

As the parent (or legal guardian) of: _____

I understand that my child/youth will be participating in a number of activities and/or trips for the school year 2015-2016; 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 and trips. This form will be on file and good for one year from date signed

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 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 approved 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 or other health considerations:

Insurance Company: _____ Policy/Group # _____

(NOTE: A copy of the insurance card will be most helpful)

Signature of Parent or Guardian _____

Notary Stamp/Seal, Date and Signature

Before me personally appeared _____ whose identity is known to me personally or by (type of identification) _____ and who acknowledges that his/her signature appears above. Subscribed to before me this _____ day of _____.

Notary Signature

Notary Stamp/Seal