

**Port Charlotte United Methodist Parental Consent and Medical Authorization
Expires August 31, 2016**

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

Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Cell or Work Phone Number: _____

As the parent (or legal guardian) of: _____
I understand that my child/youth will be participating in a number of activities for the school year _____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

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 volunteer drivers.

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: _____