

**Port Charlotte United Methodist Parental Consent a  
and Medical Authorization  
Expires August 31,2017**

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:** \_\_\_\_\_