

Coronado Community UMC
Parental Consent and Medical Authorization
To Be Completed by a Parent or Guardian and Notarized

Full Name: _____

Birth Date: ____/____/____ Age: _____ 2019-2020 Grade: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____

Parent/Guardian Contact Info: Daytime _____ Evening _____

Cell _____ Email _____

As the parent or legal guardian of _____

I understand that my child will be participating in a number of activities for the period beginning September 1, 2019 and ending August 31, 2020 which carry with them a certain degree of risk. These activities include swimming, skiing, boating, hiking, camping, field trips, sports, and other activities which the church may offer. I consent for my child to participate in these activities, unless limitations are noted below. I agree that Coronado Community United Methodist Church, church personnel or volunteers will NOT be held responsible for accidents arising there from. I will notify the church if I feel there is any health condition that would prevent my child's participation in any of the activities offered by the church.

Please indicate any restrictions on your child's activities:

_____ I represent that my child is physically fit and has the necessary skills to safely participate in church activities.

_____ I represent that my child has the following restrictions on activities or health conditions:

Please initial: _____ I also understand and give consent for my child to travel to and from these events in transportation provided by licensed and approved drivers that meet the requirements of the CCUMC Child/Youth Protection Policy.

_____ I do give consent for my child's photo to be used in CCUMC publications and on CCUMC social media/website.

_____ I do NOT give consent for my child's photo to be used in CCUMC publications and on CCUMC social media/website.

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MEDICAL TREATMENT AUTHORIZATION

It is my understanding that Coronado Community United Methodist Church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to administer over the counter medicine/first aid and/or 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/she may deem necessary. I will pay for any medical expenses so incurred.

If parent/guardian is not available in an emergency, notify: _____

Phone: Daytime _____ Evening _____ Cell _____

Relationship: _____

Allergies or other health considerations:

Allergies to Medications: _____

Food Allergies: _____

Other Allergies: _____

List any dietary restrictions: _____

Family Medical Insurance: _____ Yes _____ No Insurance Company: _____

Group # _____ Policy # _____

Name of Family Physician: _____ Phone: _____

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

TO BE COMPLETED BY A NOTARY PUBLIC

State of Florida, County of _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____

By (print name) _____ who is personally know to me, or has produced (type of identification) _____ as identification and did not take an oath.

Notary Public (signature): _____

My Commission Expires: _____ (Notary Seal/Stamp)