

SAFE ENVIRONMENT POLICY FOR CHILDREN AND YOUTH MINISTRIES

APPENDIX III

2 pages

ST. PAUL'S UMC PARENTAL CONSENT, PHOTO RELEASE & MEDICAL AUTHORIZATION

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

Mailing Address: _____
Street/Apt Number _____ City _____ Zip code _____

Parent/Guardian Daytime Phone #: _____ Evening Phone #: _____

Parent/Guardian Cell Phone # _____ E-Mail: _____

Alternate Contact Name & Relationship to child/youth: _____

Alternate contact daytime phone # _____ Evening Phone # _____

Cell Phone # _____ E-Mail: _____

Please indicate any restrictions on your child's/youth's activities:

_____ My child/youth is physically fit & has the necessary skills to safely participate.

_____ My child/youth has restrictions on the activities: _____

_____ My child has the following known allergies: _____

_____ My child has the following health condition: _____

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

I do _____ do not _____ give permission for St. Paul's United Methodist Church to use my child/youth's name and image on the church website; church directory; church posters or any and all media for church purposes.

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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.

Insurance Company: _____ Policy/Group # _____

Child/Youth physician: _____ phone # _____

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

*I understand that my child/youth will be participating in a number of activities for **the calendar year** _____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities that the church may offer. I consent for my child/youth to participate in these activities.*

Signature of Parent or Legal Guardian _____
Sign in the presence of the notary

State of Florida
County of Leon

I hereby certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared _____ who is personally known or produced _____ as identification and (s)he did not take an oath.

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 20____.

Notary Signature