

**First United Methodist Church of High Springs  
PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

Name of child/youth: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street/Apt Number City Zip code

Parent/Guardian Name(s): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Emergency Contact Name and phone number: \_\_\_\_\_

Does your child/youth have any allergies? YES NO

If yes, please list allergies, severity, and treatment: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Are there any medications your child/youth is currently taking regularly? YES NO

If yes, please list medications here: \_\_\_\_\_

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS**

The following is a list of medications we will have available in our first aid kit. Please check which medications may be used to treat your child. You will be contacted prior to any medications being given to your child.

\_\_\_\_ Tylenol (acetaminophen) \_\_\_\_ Advil (ibuprofen) \_\_\_\_ Neosporin \_\_\_\_ Benadryl (diphenhydramine)

**PARENTAL CONSENT**

As the parent/guardian of \_\_\_\_\_  
Child/Youth's Name

I understand that my child/youth may be participating in a number of activities for the year August 1, 2021 – July 31, 2022, which carry with them a certain degree of risk. These may include swimming, boating, hiking, manual labor, sports, and any number of other physically demanding activities included in fellowship, service, and other church-related outings and events. I give my consent for my child to participate in these activities.

**Please initial next to the relevant statements.**

\_\_\_\_\_ I represent that my child/youth is physically fit and has the necessary skills to participate safely in these activities.

\_\_\_\_\_ I understand and give consent for my child to travel to and from these events in transportation provided by approved HSFUMC volunteers/drivers over the age of 21.

\_\_\_\_\_ I represent that my child/youth has restrictions on the following particular activities:  
\_\_\_\_\_

**PLEASE CONTINUE TO PAGE TWO**

**MEDICAL TREATMENT AUTHORIZATION**

It is my understanding that HSFUMC will attempt to notify me in case of a medical emergency involving my child/youth. In circumstances where necessary, I authorize the church to seek appropriate medical attention, including but not limited to calling EMS or taking my child to an urgent care facility or ER. I also give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. HSFUMC will NOT pay for any medical expenses.

I will notify HSFUMC if I feel my child/youth should not participate in any particular activities, for health reasons or any other concerns.

Name of primary insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**ADDITIONAL CONSENT**

**If you agree, please initial next to the following statements.**

\_\_\_\_\_ I give my consent for use of photographs of my child/youth on the website or any other promotional literature.

\_\_\_\_\_ I understand that in the event of conduct and/or behavioral problems with my child/youth that cannot be rectified, I will personally come get my child/youth, arrange for someone to come get my child/youth, or arrange for the individual transportation of my child/youth home from this event.

**Signature of Parent or Guardian** \_\_\_\_\_

**Notary Stamp / Seal:**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date