

TUSKAWILLA UNITED METHODIST CHURCH
3925 RED BUG LAKE ROAD – CASSELBERRY, FL 32707

PARENTAL CONSENT & MEDICAL AUTHORIZATION

Name of child: _____ Date of birth: _____ Age: _____

Address: _____ City: _____ Zip code: _____

Best number to reach you: _____

As the parent/legal guardian of _____, I understand & consent that my child will be
(child's name)
participating in Tuskawilla United Methodist Church (hereafter *the Church*) ministry activities, which carry with them a certain degree of risk. I represent that my child is physically fit and has the necessary skills to participate in these activities. I represent that my child has restrictions on the following particular activities:

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in case of a need for care in a medical emergency involving my child. If the Church cannot reach me, then I authorize the church to seek medical treatment at the nearest facility, and I give my permission to the doctor and/or other health-care professionals to provide the medical services they may deem necessary. I will assume financial responsibility for any medical expenses so incurred. I will notify the Church if I feel there are any health considerations that would prevent my child's participation in any ministry activities.

Allergies or other health considerations: _____

Medical Insurance Company: _____

Policy # _____ Group #: _____ (Please attach copy of insurance card)

Child's Social Security #: _____ Date of last tetanus immunization: _____

Current Medications being taken: _____

Child's Primary Physician: _____

Address and Phone Number: _____

PHOTOGRAPHY/AUDIOGRAPHY/VIDEOGRAPHY AUTHORIZATION

As parent/legal guardian, I grant and convey to the Church all right, title, and interest in any and all photographic images and video or audio recordings made by the Church for one year from the dated signature. These images and recordings will be used for the sole purpose of publicizing and promoting Church programs.

_____ I accept _____ I prefer my child not be photographed/recorded at this time

Parent/Guardian Signature

Date

Emergency phone number(s): _____

Notary Signature: _____ **(STAMP)**

Notary name: _____

This person appeared before me and: _____ was personally known to me _____ presented photo for identification