

3/30/2016

His Kids Children's Ministry/Soldiers For Christ Student Ministry  
Palm Harbor United Methodist Church 1551 Belcher Road Palm Harbor, FL 34683

**PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

Name of Student: \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number \_\_\_\_\_  
Parent Cell home

As the parent (or legal guardian) of \_\_\_\_\_  
Student's Name

I understand that my student will be participating in a number of activities conducted by Palm Harbor United Methodist Church which carry with them a degree of risk. I consent for my student to participate in these activities.

Please indicate any restrictions on your student'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 understand and give consent for my student to travel to and from events in transportation provided by volunteer drivers.

\_\_\_\_\_ As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("student"). I, in my own behalf, and on behalf of the student, agree to release, indemnify, and to hold harmless Palm Harbor United Methodist Church, and all of its Ministries; Westlake Christian School, The Robin's Nest and Stars & Comets, and their respective directors, officers, representatives, ministers, members, agents, guests, invitees, students, employees, and volunteers from any and all claims, including but not limited to bodily injury or property damage claims, judgments, loss, costs, and expenses arising out of or connected with attendance at all of the above Ministries, and any claim arising out of or connected with any illness or injury that Minor may incur or sustain during the program, all activities associated with the program, and while traveling to and from the site for the program.

**PHOTOS:** All participants in programs that fall under Palm Harbor United Methodist Church will likely be photographed from one time to another. These photos may be placed in newsletters, marketing pieces, or other publications. Pictures may also be used for social media purposes, including but not limited to Facebook, Twitter, Instagram, program websites, and other similar outlets.

**MEDICAL:** It is my understanding that the church will attempt to notify me in case of a medical emergency involving my student. 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 student from participation in any of activities listed above.

Allergies or other health considerations: \_\_\_\_\_

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

Person to contact other than parent in an emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**PLEASE SIGN IN THE PRESENCE OF A NOTARY:**

Print Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ by (Name of Affiant) \_\_\_\_\_ who is \_\_ personally known to me or who has \_\_ produced \_\_\_\_\_ as identification. (write/type of identification and identification number.)

\_\_\_\_\_  
Signature of notary