

10/17/2018 (revised)

HISkidz 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 _____ Today's Date _____

Address: _____
Street/Apt Number City Zip Code

Daytime Phone Number: _____ Evening Phone Number _____
Parent Cell home

Parent Email _____ Current Grade: _____

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