



## Youth/Children Activities Consent Form

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Cell Phone (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

Address (street, city, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (names & phone numbers): \_\_\_\_\_

Parent Email: \_\_\_\_\_

### **Medical Information**

Any medical condition we should be aware of? \_\_\_\_\_

Any food allergies or other significant allergies? \_\_\_\_\_

### **Media Release**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby

\_\_\_\_\_ GRANT \_\_\_\_\_ DENY

permission to Spanish Fort United Methodist Church (SFUMC) and its licensees to take photographs and/or videos of the above named child for use on the SFUMC's digital/social media pages, printed publications, and/or web site.

### **Consent & Certification**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled youth/children's activities of Spanish Fort United Methodist Church, and any other supervised activities customarily associated with its youth/children's groups, including youth rallies and overnight or weekend youth trips and all transportation associated with these events. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth/children's leader in writing.

**Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize SFUMC youth/children’s director and/or adult chaperones to make emergency medical care decisions on behalf of my child. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that Spanish Fort United Methodist Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth/children’s director in writing of any health changes that would restrict my child’s participation in any normal youth/children’s activities. I also understand that the youth/children’s director and designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness’ Signature