



PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Today's Date: _____

Name of Primary Parent or Legal Guardian: _____

Address: _____
Street/Apt Number City Zip code

Cell Phone Number: _____ Work Phone Number: _____

Email Address: _____

Name of child/youth: _____ Date of Birth: _____

I _____ (name of parent or guardian) understand that my child/youth will be participating in a number of activities which carry with them a certain degree of risk. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/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: _____

MEDICAL TREATMENT AUTHORIZATION: In the event that my child/youth becomes ill or sustains an injury while participating in Church activities, I authorize the Church and its designated representatives to take appropriate action for the health and safety of my child, including securing emergency medical treatment. I understand and agree that, in serious situations, emergency medical services (911) may be contacted immediately prior to contacting me. The Church will make every reasonable effort to notify me or my designated emergency contact as soon as possible. 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 accept responsibility for any medical expenses incurred as a result of such treatment.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations: _____

**PLEASE ATTACH A COPY (FRONT AND BACK) OF CHILD'S/YOUTH'S INSURANCE CARD
CHECK HERE IF YOU DON'T CARRY MEDICAL HEALTH INSURANCE FOR YOUR CHILD.**

MEDICATION: Please list any medications your child/youth takes regularly. Please note that we do not administer medications unless it is a life-saving medication such as an epipen.

Medication Name	Dose	Frequency	Time Taken	Reason

PHOTOS: All participants in programs that fall under JupiterFIRST 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.

Person to contact other than primary parent/guardian in an emergency (this could be a second parent/guardian):

Name _____ Phone # _____

Email Address: _____

PLEASE SIGN IN THE PRESENCE OF A NOTARY:

Print Name of Primary Parent or Guardian: _____

Signature of Primary 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)

Signature of notary

Notary Seal