**Orange Park United Methodist Church 2023/2024 Vacation Bible Camp and School Year**

**PARENTAL CONSENT OF MEDICAL/MEDIA AUTHORIZATION**

THIS FORM IS REQUIRED FOR ALL PARTICIPANTS AND MUST BE NOTARIZED!

**Medical Release**

**Please Provide a Copy of the Front and Back of Your Insurance Card**

Name of Child:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Relation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

              Street/Apt Number                                           City                             State             Zip Code

Parent(s)/Guardian(s) Cell#  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s)Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_

As the parent (or legal guardian) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

        Please Print Child’s Name

I understand that my child will be participating in activities during the period of the **2023 Vacation Bible Camp July 24th – July 28th and the 2023/2024 School Year: August 1, 2023 - August 12, 2024.** which carry with them a certain degree of risk. Some of the activities may include running, water, walking, hiking, sports, bowling and other activities which Vacation Bible Camp, Kids’ Camp, Parent’s Night Out, Field Trips and other Children’s Ministry events may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child’s activities: (Please initial)

\_\_\_\_\_\_\_I represent that my child is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_\_\_\_\_I represent that my youth has restrictions on the following particular activities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_I understand and give consent for my child to travel to and from these events in transportation provided at times by a hired bus service or volunteer drivers.

**Media Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission for the staff and volunteers of ORANGE PARK UNITED METHODIST CHURCH to photograph, videotape and/or voice tape my child/children for purposes of in-house church use and/or for public information for promotion of the church (i.e. brochures, websites, newspapers, radio, television).

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

**Medical Authorization**

\_\_\_\_\_\_\_It is my understanding that OPUMC will attempt to notify me in case of a medical emergency involving my child. If OPUMC 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.

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

List any medications your child is taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*State of Florida                              County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed personally before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         (SEAL)

Personally known: \_\_\_\_\_ OR Produced Identification  \_\_\_\_\_

Type of Identification Produced\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Legal Guardian Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER, RELEASE OF LIABILITY, AND CONSENT FOR MEDICAL ATTENTION**

**2022/2023 School Year**

**Orange Park United Methodist Church**

**2105 Park Avenue, Ste. 19, Orange Park, FL 32073 Phone: 904.264.2241**

In exchange for my being allowed to participate in activities and events on and off campus, including Vacation Bible Camp, Kids Camp, Parent’s Night Out, Confirmation Activities and Retreats, Sunday Night Programming and off campus field trips with the OPUMC Children’s Ministry, sponsored by Orange Park United Methodist Church (herein referred to as “OPUMC”), I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student’s Name) and, if I am not yet 18 years old, my parent or legal guardian, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (individually and collectively referred to below in the first person singular) agree to be bound by each of the following: 1.Obligation to Inspect Facilities and Equipment: I agree that prior to participating in the event, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the supervisor of the event and OPUMC of such unsafe condition(s) and refuse to participate in the event. 2. Identification of Risks: I understand the participation in the event may involve risk of serious injury, including permanent disability and death, and other losses, both to persons and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the event, or the condition of the premises or of any equipment used. 3. Assumption of Risk: I assume all risks, known and unknown, in any way connected with my participation in the event. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the event. 4. Waiver and Release: I waive, release, and hold harmless OPUMC and its directors, officers, sponsors, employees, volunteers, agents, successors, and assigns from all claims for any liability, injury, loss or damage in any way connected with my participation in the event, whether or not caused in whole or part by the negligence or other misconduct of OPUMC or any of the persons mentioned above. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, and next of kin or assigns who might pursue any legal action or claim for such liability, injury, loss or damage. Furthermore, in consideration of my child's participation in the event set forth above, I hereby AGREE TO INDEMNIFY AND HOLD HARMLESS OPUMC from any and all claims, demands, rights of actions or liabilities of whatsoever nature that any person had, now has, may have or might in the future have against OPUMC, including but not limited to, any and all claims, demands, rights of actions or liabilities based upon any NEGLIGENCE on the part of OPUMC based upon, arising out of, or in any manner connected with my child's participation in the event identified above. 5. Consent to Medical Treatment: I agree that OPUMC may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon OPUMC to provide such assistance, transportation, or services. 6. Media Consent: I understand that pictures of the event, which may include my child, will be available for use in church publications. 7. Consent to Communication: I agree and give permission for OPUMC staff, personnel and leaders to contact my student electronically and by phone.

**I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.** \*I understand field trips are subject to change.

Parent/ Child Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_