**Hollywood Hills United Methodist Church**

**2019 VBS Consent Form**

**Print and complete this form, or it can be printed for you in the church office.**

 **Bring this form to the church office to be notarized, along with your payment.**

**This form is mandatory for each participant.**

**PARENTAL CONSENT, MEDICAL AUTHORIZATION, AND RELEASE OF LIABILITY**

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_

 Child #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_

 Child #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Do you currently have health insurance? (Check one) \_\_\_\_Yes \_\_\_\_No

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/Group No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT & RELEASE OF LIABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being the parent/guardian of the aforementioned child/children, hereby give permission for my child/children to receive any necessary medication, emergency hospitalization, surgery or treatment recommended, should my child suffer from any illness or accident requiring medication, emergency hospitalization, surgery or treatment while at a Hollywood Hills UMC event. I understand that the Church will contact me at the earliest possible moment to advise me of my child’s condition. I give my permission to the doctor or other health-care professionals to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will not hold the church, staff, volunteers, or chaperones responsible for any injury incurred by him/her/them.

I give permission for my child/children to be photographed, and understand that the photos may be used in any media, digital or written (including website, Facebook) to demonstrate and promote church activities.

**BY SIGNING BELOW I ACKNOWLEDGE** **THAT I HAVE READ THE ENTIRE DOCUMENT.**

**Print Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE OF FLORIDA COUNTY OF BROWARD**

**SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 2019**

**by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is personally known to me or who has provided identification.**

**Notary Public**

**\_\_\_\_Personally known to me**

**\_\_\_\_Provided Identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**