

Orange Park United Methodist Church- Vacation Bible Camp 2020 & 2020-2021 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 #: _____

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 **Vacation Bible Camp: July 27th- July 31st, 2020 and the 2020-2021 School Year: August 1, 2020 - July 31, 2021.** 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 _____