

**APPENDIX VI**

First United Methodist Church of Oviedo  
263 King Street  
Oviedo, FL 32765

**PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

Name of child/youth: \_\_\_\_\_ Grade ('19-'20): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apt Number City Zip code  
Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

As the parent (or legal guardian) of: \_\_\_\_\_  
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for the period of June 30, 2019 to July 31, 2020, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. 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:

\_\_\_\_\_ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

**MEDICAL TREATMENT AUTHORIZATION**

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child/youth. 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 will pay for any medical expenses so incurred.

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:

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

**Parent or Guardian Name** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(NOTARY SEAL)

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)