



## Youth/Children Activities Consent Form

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Cell Phone (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name of Parent(s) /Guardian(s): \_\_\_\_\_

Address (street, city, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (names & phone numbers): \_\_\_\_\_  
\_\_\_\_\_

Parent Email: \_\_\_\_\_

### **Medical Information**

Any medical condition we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Any food allergies or other significant allergies? \_\_\_\_\_  
\_\_\_\_\_

### **Media Release**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby

GRANT  DENY

permission to Spanish Fort United Methodist Church (SFUMC) and its licensees to take photographs and/or videos of the above named child for use on the SFUMC's digital/social media pages, printed publications, and/or web site.

### **Consent & Certification**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled youth/children's activities of Spanish Fort United Methodist Church, and any other supervised activities customarily associated with its youth/children's groups, including youth rallies and overnight or weekend youth trips and all transportation associated with these events. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth/children's leader in writing.

## **Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize SFUMC youth/children's director and/or adult chaperones to make emergency medical care decisions on behalf of my child. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that Spanish Fort United Methodist Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth/children's director in writing of any health changes that would restrict my child's participation in any normal youth/children's activities. I also understand that the youth/children's director and designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

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Parent's Signature

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Date

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Printed Name

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Witness' Signature