

**Gulf Cove United Methodist Church  
1100 S McCall Road  
Port Charlotte, FL 33981**

**PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

Name of child/youth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

As the parent (or legal guardian) I understand that my child/youth will be participating in a number of activities for the calendar year \_\_\_\_\_, 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 and I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities

Please indicate any restrictions on your child's/youth/s 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 care 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 is any health consideration that would prevent my child/youth's participation in any of the activities listed above.

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

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

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