First United Methodist Church of Orlando
Parental Authorization, Consent, & Release

I ___________________________________ am the parent or legal guardian of _________________________. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect. I certify and affirm that I have been completely and thoroughly informed that as a participant of First United Methodist Church of Orlando my child will participate in activities on or off the church campus, which carry a degree of risk and danger.

I consent to my child’s participation in these activities. Further, I personally assume, on my child’s behalf, all risk in connection with said activities for any harm, injury, or damages that may befall my child as a result of my child’s participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities. In letting my child proceed with the activities, I agree to hold First United Methodist Church of Orlando, its agents, servants, and employees harmless.

In case of emergency, I further consent to the examination or treatment of my child by a physician or any health care professional for medical care and services deemed necessary by First United Methodist Church of Orlando, its agents, servants, and employees. I give permission to any doctor or health care professional to provide any and all medical care they deem to be necessary. I agree to pay for any and all medical expenses incurred.

Any legal controversy, dispute, or claim arising out of, concerning, or relating to my child’s participation in activities on or off the church campus or this Parental Authorization, Consent, & Release shall be resolved by binding arbitration in Orange County, Florida, in accordance with the rules of the American Arbitration Association.

By signing below I give explicit permission for First United Methodist Church of Orlando to use my child’s likeness or image in appropriate ways as it sees fit. This includes, but is not limited to, photography, video, the church website, and social media.

I understand church personnel and screened volunteers may communicate with my child electronically. I understand such electronic communications may come via phone, text messaging, email, the church’s social media accounts, or other electronic means.

Do you want to be copied on every email sent to your child?
   _____ no or _____ yes and here is my email address: __________________________________________

Do you want to be copied on every text message sent to your child?
   _____ no or _____ yes and here is my phone number: _________________________________________

In certain situations, like Third Grade Bible or Confirmation, your child may receive a gift from a screened mentor or church personnel. Do you give consent for your child to receive a gift in these circumstance? _____ no or _____ yes

I understand the church will use the internet as an aid in teaching. All computers accessible to children and youth are monitored.

I understand it is my responsibility to notify the church if I wish to revoke this consent.

_________________________________________  ____________________________________________
Signature of Parent/Guardian              Date

_____________________________________________________________________________________
Printed Name

THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA
COUNTY OF _______________
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____________________.

________________________________________
Signature of Notary Public

_____________________________________________________________________________________
Print, Type/Stamp Name of Notary

Personally known: _____ OR Produced Identification: _____ (Type of Identification Produced:    )
# First United Methodist Church of Orlando
## Children and Youth Medical Form

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Date of Birth</th>
<th>Child’s Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City and Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent’s Name</th>
<th>Parent’s Phone Number / Type</th>
<th>Parent’s Email Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Second Emergency Contact’s Name</th>
<th>Emergency Contact’s Phone Number</th>
<th>Emergency Contact’s Relation to Child</th>
</tr>
</thead>
</table>

Name(s) of people authorized to pick up my child from the nursery or church activities.

## Medical Information

**Allergies:** List any allergic reactions (bee stings, food, medication, etc.). Please list all symptoms and reactions.

**Medications:** List any medications currently being taken, including what they are used for.

**Is it ok to supply ibuprofen, aspirin, or acetaminophen if needed for minor aches / pain / swelling?** ___ Yes ___ No

**Chronic Illness:** List any chronic illnesses (asthma, diabetes, epilepsy, ADHD, etc.).

**Physical Conditions:** List any physical conditions that may prevent participation in certain activities.

**Date of last Tetanus shot**

## Insurance Information *(please attach a copy of your insurance card)*

<table>
<thead>
<tr>
<th>Insurance Provider and Plan Number</th>
<th>Member ID</th>
<th>Group Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Physician Name</th>
<th>Primary Physician Phone Number</th>
</tr>
</thead>
</table>

I understand my medical insurance carrier will be billed for medical charges in the case of illness or injury while my child participates in a church related activity or trip. I assume all responsibilities of any medical bills incurred.

Signature of Parent/Guardian

Date

Printed Name

Valid until December 31 of the year signed.