

APPENDIX II Parental Consent Form

Date: _____

This Parental Consent Form gives permission for my child to participate in an activity sponsored by a local church, cluster, District of the Eastern Pennsylvania Conference of the United Methodist Church. (All portions of this form shall be completed for registration).

Name of student _____ Telephone _____

Address _____

I give permission for my student _____ to attend and participate in
(full name of child)

ALL youth events from September 2017 through December 2017, including but not limited to those events requiring off-site transportation.

My child has the following physical condition that may require special attention:

() Diabetes () Hyperventilation () Convulsions () Seizures () Allergies

() Special Dietary Needs (please specify) _____

() Other (please specify) _____

Does your child require any medications, special accommodations or have special accessibility needs?

Explain _____

(A counselor or youth staff member will contact you to discuss these needs.)

Medical Treatment Release, Liability Release, and Photograph Release

I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the event and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable **in excess** of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me.

I give permission for photographs of my child taken during the trip to be used at the discretion of Hopewell UMC and the Youth Ministries leadership wherever deemed appropriate.

Name of parent/guardian (*please print*) _____

Signature of parent/guardian _____ Date _____

Telephone: Home _____ Office/Cell _____

Medical Insurance Carrier _____ Group No. _____

Email Address _____

This form is made available by the Property & Casualty Insurance Committee of the Eastern Pennsylvania Conference of the United Methodist Church and may be copied. Approved by Conference Chancellor and Conference.