

FIRST UNITED METHODIST CHURCH OF HOBE SOUND

10100 SE Federal Highway | Hobe Sound, Florida 33455

CHILDREN & YOUTH CONSENT FORM

_____ (Child Name)	_____ (Date of Birth)	_____ (SSN)
_____ (Parent or Guardian Name)		_____ (Parent or Guardian Email Address)
_____ (Home Phone)	_____ (Work Phone)	_____ (Cell Phone)
_____ (Address)	_____ (City)	_____ (Zip Code)
_____ (Emergency Contact Name Other Than Parent or Guardian)	_____ (Relation)	_____ (Phone Number)

MEDICAL INFORMATION

_____ (Current Medications and Dosages If None, Write None)	_____ (Allergies If None, Write None)
_____ (Medical History If None, Write None)	_____ (Date of Last Tetanus Shot)
_____ (Primary Care Physician Name)	_____ (Phone)

INSURANCE INFORMATION

_____ (Employer)	_____ (Insurance Provider)
_____ (Policy Number/Subscriber ID)	_____ (Group Number)
_____ (Prescription Plan Provider)	
_____ (Policy Number/Subscriber ID)	_____ (Group Number)

EXPLICIT CONSENT AND RELEASE OF LIABILITY

I, the aforementioned parent or legal guardian of the above named child, consent to the following:

- My child may take part in off-campus or overnight trips under appropriate supervision of a representative of the First United Methodist Church of Hobe Sound.
- Photographs of my child taken at First United Methodist Church of Hobe Sound events may be used in publicity materials for First United Methodist Church of Hobe Sound, including the church web site, Facebook or other social media.
- My child may receive medical treatment in the event of illness or injury.

My child is not able to participate in the following specific activities: (for example: swimming)

I further release the First United Methodist Church of Hobe Sound, it's employees and volunteers from any liability in the event of any accident in route, during or returning from any church events and/or trips. In addition, I want to express appreciation for the church, its staff and the volunteers for giving of their time and resources to organize events and trips for my child. This authorization and release is effective for one (1) year from the date signed. My child, by his/her signature, agrees to follow any appropriate Policies and Procedures of First United Methodist Church of Hobe Sound. In addition, I have read any appropriate Policies and Procedures and agree to abide by them.

_____ (Parent or Guardian Signature)	_____ (Child Signature)
_____ (Date)	_____ (Notary - Commission Expires)