

PARENTAL CONSENT FORM

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

Name of child Telephone.....
Address.....

I give permission for my child.....to attend and participate in
(full name of child)
.....to be held.....
(name of event) (date)
at.....

My child has the following physical condition that may require special attention:
 Diabetes Hyperventilation Convulsions Seizures Allergies
 Other (*please specify*)

Does your child require any special accommodations or have special accessibility needs?
Explain
(A counselor or youth staff member will contact you to discuss these needs.)

Medical Treatment Release and Liability 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 representative 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 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.

Name of parent/guardian (*Please print*).....
Signature of parent/guardian.....
Telephone: Home.....Office.....
Medical Insurance Carrier.....Group No.

This form is made available by the Property, Casualty, Directors and Officers Insurance Committee of the Central Pennsylvania Conference of The United Methodist Church and may be copied. Approved by Conference Chancellor, Conference Trustees and Property, Casualty, Directors and Officers Insurance Committee