

2019-20 Youth Participant Consent Form

Arlington United Methodist Church
1400 University Blvd N, Jacksonville, FL 32211 (904) 743-1400

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Work Phone
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release Arlington United Methodist church and the Florida Annual Conference of the United Methodist Church and individuals from liability in case of accident during activities related to Arlington United Methodist church and the Florida Annual Conference of the United Methodist Church and individuals, as long as normal safety procedures have been taken.

Parent's/Guardian's Signatur _____ Date _____