

Central United Methodist Church
300 South Main Street
Asheboro, North Carolina 27203
Phone: (336) 629-1425 Fax: (336) 629-6550

2019 ANNUAL PARENTAL CONSENT & MEDICAL AUTHORIZATION

Parents and legal guardians of children are asked to complete this form and return it to the church. The information is designed to assist the church in providing for the safety of your child during church-sponsored activities. Its content is considered confidential and will be used only by those adults who have charge of activities in which your child participates.

General Information (please print)

Current Grade: _____

Child's Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Emergency Contact 1: _____ Relationship to Individual: _____

Phone: _____

Emergency Contact 2: _____ Relationship to Individual: _____

Phone: _____

STATEMENT OF CONSENT

I, the undersigned, parent or legal guardian of _____ do hereby consent to any treatment that may be rendered to said minor in the event of an emergency in which a the parent/guardian cannot be reached.

I agree to notify Central UMC in the event of any health concerns that would restrict my child's participation in any normal children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capability of my child.

This consent will remain effective until the 31st day of December, 2019 delivered to said persons entrusted with the care, custody and control of said minor child. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by Central UMC.

The child listed above has my permission to participate/travel with the Central United Methodist Church Children's Ministry for the 2019 calendar year. I also understand that Central United Methodist Church is not liable should my child be injured.

Signature of Parent/ Guardian: _____

Dated: _____

Please initial one of the following below:

____ I give permission for my child's photograph to be used on site or on the church website/social media. I understand that last names nor any identifying information will be used.

____ I DO NOT give permission for my child's photograph to be used on site or on the church website/social media.