

PARENTAL CONSENT FORM

*First United Methodist Church-Youth
Head of Texas Street Shreveport, LA 71101*

KNOWN TO ALL BY THESE PRESENTS:

That I, _____ the parent or guardian of _____ by these presents do give my permission for them to attend and participate in all First United Methodist Church Activities held between September 1, 2011 and August 31, 2012 and for First United Methodist Church to provide any necessary transportation for this participant. I understand the schedule of events and know the costs involved.

I further understand that responsible adults will supervise their activities. However, I also recognize that accidents and/or illnesses may occur. In the event of such accident and/or illness I recognize that it may be necessary to proceed with medical and/or dental treatment for the well being of my child. I hereby authorize the directors, employees and/or agents of First United Methodist Church to take my child to medical authorities and hereby authorize the attending physician, surgeon and/or dentist to exercise their professional judgment and assess the risk incident to the illness or injury and to choose the necessary treatment their professional judgment determines to be necessary for the health and well being of my child including, but not limited to, the administration of examinations, diagnostic tests and medication (including anesthetics), performance of surgery, and any and all medical and/or dental care or treatment deemed necessary, as though I personally was there giving them my full approval and support. I further agree to assume responsibility for all medical bills resulting from any such medical treatment.

Further, should it be necessary for the participant to return home prior to schedule as a result of accident or illness, disciplinary action or otherwise, I hereby agree to assume responsibility for all transportation costs. I hereby release, forever discharge and agree to hold harmless First United Methodist Church, its directors, employees and/or agents from any and all liability, claims demands, in the event of personal injury, sickness or death, as well as property damage and expenses of any nature or child which may be incurred by the undersigned and the child participant that may occur while said child is participating in the above described trip or activity.

The undersigned further agrees to hold harmless the church, its directors, employees and agents for any liability sustained by the child as the result of negligent, willful or intentional acts of the participant, including all expenses incurred.

Further, the undersigned agrees to allow for the use of photographs and video images of the participant by First United Methodist Church without further permission.

Minor's Birth Date: Month _____ Day _____ Year _____

Day Telephone Number: _____ Evening Telephone: _____

Mobile Number: _____

Medical Information

Insurance Company _____

Group Number _____

Allergies and Medication _____

THUS DONE and PASSED in my office in Shreveport, Louisiana, in the presence of the undersigned Notary on the _____ day of _____.

Signature of Parent or Guardian

Notary Public
My Commission Expires With Life

