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 Susquehanna 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	(full 1	name of child) to atte	end and participate in
		(name, d	late and time of event)
at			(place of event)
My child has the following phys	sical condition that ma	y require special atte	ntion.
☐ Diabetes ☐ Hyperventilat ☐ Other (please specify)	tion Convulsions	Seizures [Allergies
Does your child require any spe Explain	cial accommodations of	or have special access	sibility needs?
(A counselor or youth staff me	ember will contact you	to discuss these need	ds.)
Medical Treatment Release and	d Liability Release		
I hereby authorize event staff to such injury or illness that may or representatives harmless in the	occur during the event	, and hereby hold the	•
I give permission for my child to the minor has been entrusted wh	-	•	
It is my understanding that the a insurance. The event provides arising out of the event activities Payments of any medical limited/supplemental medical in	limited/supplemental es which is payable in injuries not cover	medical payment of excess of any other ed by my insura	coverage for injuries collectible insurance.
Name of parent/guardian (Please	e print)		
Signature of parent/guardian			Date
Telephone: Home	Office	Cell	
Medical Insurance Carrier	Group No		

This form is made available by the Property and Casualty Insurance Committee of the Susquehanna Conference of the United Methodist Church and may be copied. It has been approved by Conference Chancellor, Conference Trustees and Property and Casualty Insurance Committee.