



# Parental Permission and Emergency Medical Authorization

August 2019 – August 2020

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

### Parental Permission:

I, \_\_\_\_\_, hereby grant permission for \_\_\_\_\_ to participate in Shalimar UMC activities during the year 2019-2020 and hereby release and agree to hold harmless the Shalimar United Methodist Church, its officers, agents, and employees from all liability arising out of injuries sustained by \_\_\_\_\_, while participating in church sponsored activities. I understand it is my responsibility to secure adequate medical insurance; the name of our medical insurance company is \_\_\_\_\_, Group # \_\_\_\_\_, Policy # \_\_\_\_\_ which will cover this child in the event of injury. I assume full responsibility and liability for any and all expenses connected with an injury and/or illness that are not paid by our insurance company or through military benefits if this child is entitled to military privileges.

Further, I hereby consent to allow \_\_\_\_\_ to be transported by private automobile or church vehicles in connection with Shalimar UMC activities.

### Emergency Medical Authorization:

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) have been unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by \_\_\_\_\_ (preferred physician) or in the event the designated preferred practitioner is not available, by another physician and (2) transfer and admission of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists who can concur the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STOP HERE. PLEASE SIGN IN THE PRESENCE OF A NOTARY PUBLIC ONLY**

Date: \_\_\_\_\_  
Printed Name of Parent/Guardian \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

### STATE OF FLORIDA - COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

by \_\_\_\_\_  
(printed name of person acknowledging) Signature of Notary Public

Personally known:  OR Produced Identification:

Notary Seal

Type of Identification Produced: \_\_\_\_\_