

Permission to Participate and Authorization for Emergency Medical Care



Central United Methodist Church, Lawrence, KS

Vacation Bible School 2010

Please submit a separate form for each child enrolled.

Complete the information below regarding health care insurance, if applicable:

Health Insurance Policy Name _____ Policy Number _____

Medical Assistance Program _____ Card Number _____

Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

I hereby give my permission for my child or youth _____ to participate
First and Last Name of Child/Youth
in the children or youth activities of Central United Methodist Church. I also hereby authorize the officials (staff and volunteers) of Central United Methodist Church and/or its representatives to give consent for any and all necessary emergency medical care for my child or youth

_____ while said child or youth is participating in Central United
First and Last Name of Child/Youth
Methodist Church child or youth activities

This authorization is effective June 21, 2010 to June 27, 2010.

Signature of Parent or Guardian

Date Signed

Notarization of Parent's or Guardian's signature required

State of Kansas

Douglas County

Signed or attested before me on _____ by _____.

MM/DD/YYYY

Name of Person

(Seal, if any.)

Signature of notarial officer

Title (and Rank)

My appointment expires: _____