

ST. JOHN'S UNITED METHODIST CHURCH
6611 Proctor Rd. Sarasota, FL. 34241
(941) 926-4417 cell (941-356-6407)

STATEMENT OF POLICY: Your child will be covered by St. John's comprehensive insurance policy during activities and St. John's will be liable for your child while under the supervision of the staff and adult volunteers. All children will be transported to and from the activities in a vehicle driven by an adult 21 years of age or older. If you child needs to leave the activity early in his or her own vehicle or with someone other than his or her parent or custodian, the written consent of the parent or custodian will be required. At the scheduled conclusion of the activity, the parent or custodian is required to provide transportation from St. John's Church to home. Participants and their parents or custodians must consent to and acknowledge that during the event, the child will be under the supervision of the staff or adult volunteers and that the child will be expected to follow the instructions and directions of the staff and adult volunteers. *Inappropriate behavior by a child will result in the parent or custodian being contacted to pick the child up during the activity.*

St. John's United Methodist Church is participating in the following activity: _____

The following transportation arrangements have been made for this activity:
(Please note- These are subject to change at the last minute as a result of sickness or other unforeseen circumstances)

Time/Place of departure: _____ Time/Place of return: _____

The following adults will accompany the participants on this activity and provide transportation as noted:

Name: _____ will/will not drive Name: _____ will/will not drive

Name: _____ will/will not drive Name:-- _____ will/will not drive

The cost of this activity is \$ _____, which must be paid no later than _____. In addition, it is estimated that your child will need \$ _____ for expenses and the following clothing or other equipment

In case of emergency or change in schedule, the adult leader will notify the following contact person, who will, in turn, notify each parent or custodian as necessary. Name: _____ Phone: _____
In the event that it is necessary to contact a child during the activity, please notify the contact person who will be able to contact the adult leader.

CONSENT TO PARTICIPATE AND MEDICAL CARE AUTHORIZATION

I, _____, parent/custodian of _____,
date of birth: _____, hereby authorize my child to participate in the youth activities of St. John's United Methodist Church and I further authorize the staff and adult volunteers of St John's United Methodist Church to obtain any and all medical and/or emergency care which, in their opinion, is needed by my child during any of these activities. I agree and understand the Statement of Policy set forth above and understand that inappropriate behavior by my child will result in my being contacted to pick up my child during the activity.

Executed this _____ day of _____, 20 _____.

Parent/ Custodian Signature

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CONSENT TO PARTICIPATE AND MEDICAL CARE AUTHORIZATION

State of Florida, County of Sarasota

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CONTACT IN CASE OF EMERGENCY OR BEHAVIOR PROBLEM;

Day/Business Phone: (941) _____ Eve/Home Phone: _____ Other: _____

IF PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE NOTIFY:

Name and Relationship: _____

Day Phone: () _____ Eve. Phone () _____ Other: _____

Executed this _____ day of _____, 20_____.

Parent/Custodian Signature

ACKNOWLEDGEMENT OF CHILD

I hereby acknowledge that I understand and agree to be bound by the above Statement of Policy.

Child Signature

TO BE COMPLETED BY A NOTARY PUBLIC:

The foregoing Consent to Participate and Medical Care Authorization was acknowledged before me this _____ day of _____, 20_____, by _____ who is personally known to me, or has produced (type of identification) _____ as identification and did not take a oath.

Notary Public (signature): _____

Name of Notary (printed): _____
