Community Church 309 College Ave. Fruitland Park, FL 34731

| | (Required prior to participation in any church-related trip or activity) | | | | |
|--|---|---|---|---|---|
| STUDENT' | S FULL NAME: | | | | |
| Birth Date: | / Gra | (Last) de: Sti | | rst) urity # | (MI) // |
| Alle | S MEDICAL HISTORY: ergies: rrent Medications: ner Medical Concerns: | | | | |
| MEDICAL | INSURANCE INFORMAT | ION: | | | |
| | surance Company: | | | | |
| Re Pri | licy / Group # : gular Physicians Name: _ mary Insured (parent/gua :ach a copy of your insu | rdian): | | Phone: | |
| Na | EGAL GUARDIAN INFO | | | | |
| Re | lationship to Student: | ······ | F | Phone: | |
| As the custodi student in acti authorize the on church-rela | | e student named abo mmunity United Met ommunity UMC to ex | nodist Church groups, s ercise temporary custo | staff, and adult chap dy and care of this, | perones. I request and my minor child, while |
| treatment or c | me as my child is in the care of are, including, but not limited to authorize and consent to such | emergency surgery, | hospitalization, or othe | r emergency or nor | n-emergency medical |
| | onsible for any and all costs or emnify, and hold harmless Com | | 5 | • | |
| FORM if any o | stand that it is solely my respor changes occur in the informatior ents in which my child participa | n provided above. I u | | | |
| BEFORE | ME, THE UNDERSI | GNED AUTHO | DRITY, PERSO | NALLY APPI | EARED: |
| Print Nam | ne: | | | | |
| Sworn to | and subscribed this _ | da | ay of | | _20 |

Signature of Parent / Legal Guardian: _____

Signature of Notary _____

NOTARY PUBLIC, STATE OF FLORIDA, COUNTY OF LAKE NOTARY SEAL