

Marlton Parent/Guardian Consent Form

This Parent Consent Form gives permission for my child to participate in an activities on or off campus and sponsored by Marlton UMC. (All portions of this form shall be completed before the child is registered for the event).

Name of **CHILD**: _____ Main Phone #: _____

Name of **PARENT**: _____ Student's Cell Phone #: _____

Address: _____

My child has the following physical condition that may require special attention:

- Diabetes Hyperventilation Seizures Allergies Other

Please specify allergies: _____

Other (please specify): _____

Does your child require any special accommodations or have special accessibility needs?

(A Ministry Leader will contact you to discuss these needs.)

Medical Treatment Release, Liability Release, and Photograph Release

I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the year and hereby hold the ministry staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this ministry.

It is my understanding that the above-named participant will be covered by my personal medical insurance. The ministry provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable in excess of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the ministry limited/supplemental medical insurance will be paid by me.

I give permission for photographs of my child taken during the year to be used at the discretion of Marlton UMC and the Ministries leadership wherever deemed appropriate.

I do not give permission for photographs of my child taken during the year

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____ Medical Insurance Carrier: _____ Group #: _____

(Attach Copy of both sides of the Insurance Card)