



815 E. Indiantown Road
Jupiter, FL 33477

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PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of Youth: _____ Grade: _____ Age: _____

Date of Birth: _____

Address: _____
Street/Apt Number _____ City, State _____ Zip code _____

Daytime Phone Number: _____ Evening Phone Number: _____

As the parent (or legal guardian) of _____,
Child/Youth's Name _____

I understand that my child/youth will be participating in a number of activities for the calendar Year 2025 - 2026, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please Indicate any restrictions on your child's/youth/s activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

or

_____ I represent that my child/youth has restrictions on the following particular activities:

and _____

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health Considerations:

Insurance Company: _____ Policy/Group # _____

Signature of Parent or Guardian _____

Notary Signature
Stamp/Seal, Date and Signature

Date _____

Seal Expiration Date _____

Photo Release

Our number one priority is to ensure your child's safety while in our presence as well as online. Please initial below if you would like to give permission or decline the use of your child's picture.

YES, I give permission to First UMC of Jupiter-Tequesta to post a picture of my child at a youth ministry event and/or church sponsored event on the **First UMC of Jupiter-Tequesta website**, **First UMC social media (Facebook & Instagram)**, and **JUP Youth social Media (Facebook & Instagram)**.

I DECLINE the posting of any picture of my child in a Youth Ministry and/or church sponsored event on the website and/or on social media.

Consent Form for Electronic Communications with Youth

My child, _____ ("Participant"), has my permission to receive communications from First UMC of Jupiter/Tequesta's Director of Youth Ministry and Trained Volunteer Youth Leaders.

I understand that such electronic communications may be made via telephone, cell phone, text messaging, e-mail, the Church's social media accounts, or other electronic means.

Please note: The parent or guardian grants permission for electronic communication from the group leader to the Participant in regard to all group activities in which Participant participates.

I PERMIT electronic communication/messaging between a youth leader and my child.

I DO NOT PERMIT electronic communication/messaging between a youth leader and my child.

I further understand that JUP Youth Ministries may use the Internet as an aid in teaching lessons during our weekly meeting times and events.

I understand it is my responsibility to update the information below if it changes.

Name of Parent/Guardian: _____

Address: _____

City, State, Zip Code: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian E-Mail: _____

Signature of Parent/Guardian: _____ Date: _____