10001 Coldwater Rd.,
Ft. Wayne, IN 46825

COVENANT UMC PARENTAL CONSENT AND MEDICAL AUTHORIZATION
2026 - 2027

Name of child/youth: _____Grade: _____Age: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____

As the parent (or legal guardian) of the above named child/youth, I understand that my child/youth will be participating in a number of activities for the calendar year 2026 - 2027, which carry with them a certain degree of risk. Some of the activities may include 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.

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

----------_____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 case of a medical emergency involving my child/youth. In the event I cannot be reached, 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 is any health consideration that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations: _____

Signature of Parent or Guardian: _____

Date: _____

This agreement is valid
through July 31, 2027.