



Saint Paul's United Methodist Church

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2026 VBS Parental Consent & Medical Authorization

Name of child/youth: _____ Grade: _____ Age: _____

Name of parent(s): _____

Address: _____

Street/Apt Number

City & State

Zip code

Daytime Phone Number: _____ Evening Phone Number: _____

As the parent (or legal guardian) of: _____, I understand that my child/youth will be participating in a number of outdoor activities, which carry with them a certain degree of risk. 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:

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 _____

The Mission of St. Paul's United Methodist Church

A Christian family whose mission is to make disciples of Jesus Christ, for the transformation of the world: We seek to fulfil our mission by affirming God's love, transforming lives, connecting generations, and impacting our community & world.

