

First United Methodist Church Children's Information & Medical Release Form

Name of Student _____ Date of Birth _____

Parent/Guardian
Name(s) _____

Address _____ Grade _____

City _____ State _____ Zip Code _____

Parent's email: _____ Student's email: _____

Phone Number (Home) (____) _____ Student's Cell Phone: (____) _____

Phone Number (Work) (____) _____ Parent's Cell Phone: (____) _____

Emergency Contact Person:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (Home) (____) _____ Phone Number (Work) (____) _____

Cell Phone (____) _____

Insurance Information:

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family Doctor _____ City _____

Phone Number (____) _____

Health History:

Pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____
(Please attach additional health information if necessary)

Please list names of other drivers (adult or youth) who are allowed to pick up your son or daughter.

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Medical Permission and Liability Release Form October 2011 – October 2012

We (I) the parent(s) or legal guardian(s) of _____ hereby grant our (my) permission for him/her to participate fully in events and activities sponsored by First United Methodist Church, Newton, NC during the period of October 2011 – October 2012.

Authorization and permission is hereby given to First United Methodist Church, Newton, NC to furnish any necessary transportation, food, and lodging, for this participant during excursions and activities.

We (I) understand all safety precautions will be taken at all times by First United Methodist Church, Newton, NC and its agents during all events and activities. We (I) understand the possibility of unforeseen hazards and know the inherent possibility of risk. We (I) agree not to hold First United Methodist Church, Newton, NC, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the participant who is the subject of this form. Furthermore, we (I) hereby assume all risks for personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

We (I) understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event we (I) cannot be reached or the alternate contact person cannot be reached in an emergency we (I) hereby give our (my) permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to an injection, anesthesia, or surgery for our (my) child as deemed necessary.

We (I) understand that our (my) insurance coverage for our (my) child we will be used as primary coverage in the event medical intervention is needed. Coverage by First United Methodist Church, Newton, NC can be used as a backup policy only if the accident or injury takes place on the church property.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

Father (Date)

Mother (Date)

***Both parents must sign unless parents are legally separated or divorced in which case the custodial parent must sign.**
