

FIRST UNITED METHODIST CHURCH
MEDICAL RELEASE AND PERMISSION FORM
(Required prior to participation in any church-related trip or activity)

MINOR'S FULL NAME

(Last) (First) (MI)
Birth date: ____/____/____ Minor's Social Security ____/____/____

MINOR'S MEDICAL HISTORY

Allergies: _____
Current Medications: _____
Date of Last Tetanus Shot: _____ Other Medical Concerns: _____

MEDICAL INSURANCE INFORMATION

Insurance Company: _____ Phone: _____
Policy/Group# : _____
Regular Physicians Name: _____
Primary Insured (parent/guardian): _____

PARENT/LEGAL GUARDIAN EMERGENCY CONTACT INFORMATION

Name: _____
Relationship to Minor: _____ E-Mail Address: _____
Mailing Address: _____
Street/POBox City State Zip
Telephone: Home - _____ Work - _____ Cell - _____
Place of Employment: _____
Emergency Contact Person (other than parent/legal guardian)
Name: _____
Telephone: Home - _____ Work - _____ Cell - _____

PERMISSION/HOLD HARMLESS FORM

As the custodial parent or legal guardian of the minor named above. I am aware of the involvement and participation of this minor in activities at and excursions with First United Methodist Church groups, staff, and adult chaperones. I request and authorize the staff and adult chaperones of FUMC to exercise temporary custody and care of this, my minor child while on church-related events.

During such time as my child is in the care of the staff and/or adult chaperones, and in the event that my child shall need medical treatment or care, including, but not limited to emergency surgery, hospitalization, or other emergency or non-emergency medical care, I hereby authorize and consent to such medical treatment and care that may be deemed necessary for my child, at my expense.

I shall be responsible for any and all costs or expenses of providing such care and treatment for my child, and shall reimburse, indemnify, and hold harmless First United Methodist Church, its staff and adult chaperones from same.

I further understand that it is solely my responsibility to provide the church with an updated MEDICAL RELEASE AND PERMISSION FORM if any changes occur in the information provided above. I understand that this form will remain on file at the church to be used for all events in which my child participates.

BEFORE ME, THE UNDERSIGNED AUTHORITY PERSONALLY APPEARED:

Print Name: _____

Sworn to and subscribed this _____ day of _____, 20_____

Signature of Parent/Legal Guardian: _____

Notary Signature) _____

NOTARY PUBLIC, STATE OF FLORIDA, COUNTY OF POLK

NOTARY SEAL