

First United Methodist Church—Garland, Texas Medical Release Form

Name _____

Birth Date _____ Sex _____ Phone _____ Cell _____

Address _____ City _____ Zip _____

Mother's Name _____ Occupation _____

Mother's Social Security # _____ Work Ph. _____ Cell _____

Father's Name _____ Occupation _____

Father's Social Security # _____ Work Ph. _____ Cell _____

Known Allergies _____

Health Problems Worthy of Adult Sponsors' Concern _____

Hospitalization Insurance Company _____ Policy # _____

Family Doctor _____ Phone _____

Please list the name of the nearest relative/neighbor (circle one) to be contacted in case of an emergency.

(Name)

(Work Phone)

(Home Phone)

(Cell)

Release and Hold Harmless Agreement for First United Methodist Church

By my signature, I, _____, the parent or guardian of _____, grant my permission for him/her to participate fully in any activities or trips sponsored by First United Methodist Church. I understand that my signature carries with it the following

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless First United Methodist Church from all claims that might result from any injury or death of any minor. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs.

Signature

Before me, the undersigned authority, on this day personally appeared _____ know to me to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20_____.

State of Texas

Notary Public in and for _____
County, Texas
My Commission expires _____

Witness

Youth Grade _____

