

Medical Release & Permission Form

(required prior to participation in any church-related trip or activity)

MINOR'S FULL NAME:	//	/F: .\	/
RIRTH DATE: / /	(Last)		(MI)
	MINOR'S SOCIAL SECURITY NUMBER://		
MINOR'S MEDICAL HISTORY:		CORRELATIO	NO 10 L.
ALLERGIES:			
CURRENT MEDICATIONS & INSTI			
DATE OF LAST TETANUS SHOT:			
OTHER MEDICAL CONCERNS:			
PARENT/LEGAL GUARDIAN/E/NAME:	MERGENCY CONTACT	INFORMATION	
RELATIONSHIP TO MINOR:			
MAILING ADDRESS:		ZIP	CODE:
MAILING ADDRESS:		CELL PHON	VE:
PLACE OF EMPLOYMENT:		/LEGAL GUARRIANI)	
EMERGENCY CONTACT PERSON NAME:			NF·
PERMISSION/HOLD HARMLES As the custodial parent or legal guardic in activities at and excursions with First staff and adult chaperones of FUMC events.	an of the minor named above United Methodist Church gr	oups, staff, and adult chaparone	es. I request and authorize the
During such time as my child is in the co treatment or care, including but not limi care, I hereby authorize and consent expense.	ted to emergency surgery, h	ospitalization, or other emergend	cy or non-emergency medical
I shall be responsible for any and all a indemify, and hold harmless First United			
I further understand that it is solely my re FORM is <u>any</u> changes occur in the info used for all events in which my child po	ormation provided above. I u		
BEFORE ME, THE UNDERSIGNED PRINT NAME:			
PRINT NAME:SWORN TO AND SUBSCRIBED TH	HISDAY OF		, 20
SIGNATURE OF PARENT/LEGAL (guardian:		
SIGNATURE OF NOTARY:			