

Information & Medical Release Form



First United Methodist Church



Youth Department

New form required for each trip/retreat. Must be submitted to Youth Minister prior to departure.

Name _____ Birthdate ____/____/____
(Last) (First) (Middle Initial)

Address: _____ (_____) _____
(Street) (City) (State) (Zip) (Phone Number)

Other correspondence routes: _____ (_____) _____
(e-mail) (Fax Number)

In case of emergency contact:

Name _____ Daytime Phone: (____) _____
(Parent, Spouse, Legal Guardian)

Evening Phone: (____) _____

Address of Above _____
(Street) (City) (State) (Zip Code)

Name _____ Daytime Phone: (____) _____
(Parent, Spouse, Legal Guardian)

Evening Phone: (____) _____

Address of Above _____
(Street) (City) (State) (Zip Code)

Other relative or responsible person:

Name _____ Relationship _____ Daytime Phone: (____) _____

Evening Phone: (____) _____

Address: _____
(Street) (City) (State) (Zip Code)

Date of last Tetanus shot _____ Medication(s) you can **not** take: _____

Allergies/special health problems or concerns: _____

Insurance Co. _____ Phone (____) _____

Address: _____
(Street) (City) (State) (Zip)

Policy # _____ Policy Holder's Identification # _____

Doctor's Name _____ Phone (____) _____

Address: _____
(Street) (City) (State) (Zip)

(Continued on Back)

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with First United Methodist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders on this trip to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to the Youth Minister.

I, on behalf of myself, my child and for myself and all other persons, hereby release and hold harmless First United Methodist Church and its adult leaders for any injury, illness, death or other accident which may occur on this trip. I understand that the trip involves travel as well as involvement in physical activities of which both tasks are potentially dangerous.

I understand that First United Methodist Church does not carry medical insurance on people participating in their activities. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

Media Release Statement: In signing this document I also give First UMC permission to use photographs or video footage of my child for use on our website or other church publications.

This is the _____ day of _____, 200__.

Signature (Participant) - I certify that I am 18 years or older

Signatures/Relationship (Parents or Guardians of minor participants)

Note to Parents (August 2008): Our ministry requires a new Information and Medical Release form to be completed for each trip we take because of our responsibility to stay current on the health of each participant, their medications and on the emergency contact information for each participant on the given dates of each trip. To make things easier, you might consider doing the following:

- 1) Complete all current information on the form, but don't sign it.
- 2) Make a number of photo copies of the form without signatures
- 3) When it's time to turn in a form, simply update a form in handwriting and *then* sign it and turn it in.

We are honored to share Christ's love with you and your family! We are also committed to caring for the physical well-being of each of our youth ministry participants.