

Parental Permission, Release and Consent to Medical Treatment

The undersigned, being the parent, guardian, or managing conservator of (Child's name) _____, such child being under eighteen (18) years of age, does give permission for such child to accompany the group and participate in the activities sponsored by the CHRIST UNITED METHODIST CHURCH (hereafter "Christ UMC") and which may involve either traveling in church owned vans or in other buses or private vehicles. This authorization shall be effective continuously from the date hereof until canceled by written notice by Christ UMC.

I have legal authority to sign this permission, release and consent to medical treatment. I will keep informed of the church sponsored activities for my child. If I do not want my child to accompany the group and participate in any specific church sponsored activity, I will take sole responsibility to see that my child does not attend the activity.

I hereby release Christ UMC, its staff, employees, drivers, sponsors and helpers from any liability for injury or damages suffered by the above child and agree to release, indemnify and waive any rights by subrogation I may have, and hold harmless Christ UMC, its staff, employees, drivers, sponsors and helpers from injury or damages to my child.

I can be reached at the following telephone numbers:
(Home Phone)_____ (Work Phone)_____ (Other Phone)_____

In the event I cannot be reached, I hereby consent and authorize the following person to obtain emergency medical treatment:

(Name)_____ (Home Phone)_____
(Work Phone)_____ (Other Phone)_____

My child does not have any medical problems or special physical conditions, nor is my child allergic to any medicines to my knowledge, other than the following:

Blood Type: _____

I here by consent and authorize the adult leader(s) accompanying my child to obtain emergency medical treatment in the case of injury or illness upon presentation of this authorization or a photocopy thereof.

Insurance Company: _____

Group Insurance Number: _____

Family Doctor (Name): _____ (Office Phone): _____

(Address): _____ (Answering Service): _____

PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF EACH PARENT, GUARDIAN OR MANAGING CONSERVATOR TO UPDATE THIS INFORMATION AS THE NEED ARISES.

Signature of Parent, Guardian or Managing Conservator

SUBSCRIBED AND SWORN TO BEFORE ME on this ___ day of _____, 20___.

NOTARY PUBLIC, my commission expires _____

Youth's Grade: _____