

First United Methodist Church Medical Authorization

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birth date: _____ Home #: _____

Mother: _____ Cell #: _____

Father: _____ Cell #: _____

To PARENT/GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, please provide an alternate emergency contact person in case you cannot be reached.

Name: _____

Street Address: _____

Telephone: _____

I, the undersigned, do hereby authorize the officials of First United Methodist Church to contact directly the person named in this authorization, and do authorize

_____ or _____
(Physician) (Hospital)

to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named in the authorization, or parents cannot be contacted, the church officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold First United Methodist Church financially responsible for the emergency care and/or transportation for said child.

Child's Name _____

Parent/Guardian Signature _____

Please list any physical condition that affects your child that you think would be important for the church to know.

(SEE BACK)

Release and Medical Information

*First United Methodist Church
300 N. Main Street
Midland, Texas 79701*

I, _____, being the parent/legal guardian and having legal custody of _____, a minor, do hereby consent to said minor participating in the children's activities and related trips of First United Methodist Church of Midland and I do hereby release, discharge, and exonerate First United Methodist Church of Midland, all persons acting as teachers or sponsors on said activities and trips from any liability whatsoever resulting from personal injury to said minor or damage to property of said minor which may occur at said activities or trips or connection therewith.

I do hereby certify that I assume full responsibility and liability for any acts committed by said minor during activities and trips related thereto resulting in injury or damage to the property of another.

I do hereby acknowledge that I understand that this release is being relied upon by First United Methodist Church of Midland, Texas, and teachers or sponsors accompanying the children on said trips and activities; and without this instrument being executed by me, said minor would not be permitted to attend field trips nor engage in activities related thereto.

Parent/Guardian Signature: _____