

First Methodist Church Medical Release & Information

300 N Main Street
Midland, Texas 79701

Minor's Name: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Age: _____ Birth date: _____ Home #: _____

Number of parents or guardians: One Two

Parent One: _____

Cell #: _____ Work #: _____ E-mail: _____

Parent Two: _____

Cell #: _____ Work #: _____ E-mail: _____

Street: _____ City: _____ State: _____ Zip: _____

To PARENT/GUARDIAN:

To serve your minor in case of ACCIDENT OR SUDDEN ILLNESS, please provide an alternate emergency contact person in case you cannot be reached.

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Work #: _____ E-mail: _____

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

Health Insurance Information: Group/Plan Name _____

Policy # _____ Effective Dates _____

Form continued on back

I, _____, being the parent/legal guardian and having legal custody of _____, a minor, do hereby consent to said minor participating in church group activities such as Foundation Youth, choir tours, Vacation Bible school and related activities/trips of First Methodist Church of Midland.

I do hereby release, discharge and exonerate First Methodist Church of Midland, and 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 minor 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 _____ Date: _____

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I, the undersigned, do hereby authorize the officials of First 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 minor. 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 minor. I will not hold First Methodist Church financially responsible for the emergency care and/or transportation for said minor.

Parent/Guardian Signature _____ Date: _____