RELEASE OF LIABILITY AND CONSENT

TO MEDICAL TREATMENT FOR MINOR CHILD

This form must be signed by the parent or guardian before any child can be allowed to participate in any First United Methodist Church (hereinafter referred to as "FUMC") activity.

Minor's full name: _____ ___ Male ___Female

Grade: _____ Age: _____ Birth Date: _____/_____/_____

Child's Social Security Number: _____

Known Allergies: _____

Tetanus: (Date of last immunization) _____

Medications taking now: (Note name, dosage, times taken) _____

_____

May we administer Tylenol or Advil if needed? _____ YES _____NO

Family doctor: _____ Phone Number: _____

Health Insurance Carrier: _____ Policy Number: _____

Parents' or legal guardian full names: _____

Address: _____

Father's Contact Information:
Home phone: _____ work _____ cell _____ e-mail _____

Mother's Contact Information:
Home phone: _____ work _____ cell _____ e-mail _____

Insured's place of employment: _____ number _____

Emergency Back-up Name and Contact Information: _____

ENCLOSE A COPY OF YOUR INSURANCE CARD – FRONT & BACK

First United Methodist Church
A Safe Sanctuaries Congregation
2416 West Cloverdale Park
Montgomery, Alabama
334-834-8990

-OVER-

I (We) the undersigned, am (are) the parent(s), having legal custody, or the legal guardian of _____, a minor, and have given my (our) consent for him/her to go with FUMC on one or more activities. In the event that he/she is injured while on the trip of the FUMC sponsored activity and requires the attention of a doctor, I (we) consent to any medical, surgical or dental care, or treatment at any hospital, as deemed necessary by a licensed physician or dentist. In the event treatment is called for which a physician and/or hospital personnel refuse to administer without my (our) consent, and if I (we) cannot be reached by telephone at one of the numbers listed on this form, or if, because of an emergency there is not time or opportunity to make a telephone call, then one of the chaperones is hereby granted permission to give consent for me (us), and I (we) agree to hold him/her and FUMC free and harmless of any claims, demands, or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician or dentist. I (we) understand and agree that any expenses incurred in providing medical treatment for my (our) child will be my (our) responsibility and not the responsibility of FUMC or any other party.

I (we), the undersigned, recognize there are risks, including those of injury and even death, in all of the activities initiated and carried out under the auspices of FUMC. I (we) freely assume those risks on my (our) own and my (our) child's behalf. I (we) agree to release and hold harmless from liability FUMC, its staff members, volunteer workers, and other employees and agents in the event of injury or death of my (our) son/daughter, resulting from negligence or any other theory of liability while engaging in any FUMC sponsored activity. I (we) agree to not make any claim or file any lawsuit against FUMC, its staff members, volunteer workers, employees and agents, for injuries or damages related to my (our) child's participation in FUMC activities.

I (we) agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I (we), the undersigned, have read this Release and Consent form and understand all of its terms. I (we) execute it voluntarily and with full knowledge of its significance.

_____ (please initial) I (we) understand that this is a legally binding contract and that FUMC activities are provided in consideration for this signed Release of Liability Agreement.

IN WITNESS WHEREOF, I (we) have executed this Release and Consent form on this _____ day of _____, 20_____.

_____ _____
Father Phone Number

_____ _____
Mother Phone Number

_____ _____
Guardian Phone Number

Effective for calendar year: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

_____
Notary Public
My Commission Expires: _____

-OVER-