First United Methodist Church

216 West 3rd Street ~ Elgin, Texas 78621 ~ 512-285-4503

MEDICAL RELEASE FORM AND PERMISSION FORM

(Required prior to participation in any church-related trip or activity)

MINOR'S FULL NAME: _____

(Last) (First) (MI)

Birthdate: ____/____/____

MINOR'S MEDICAL HISTORY:

Allergies: _____

Current Medications: _____

Date of Last Tetanus Shot: _____ Other medical concerns: _____

_____

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____ Phone: _____

Policy / Group #: _____

Regular Physician's Name: _____ Phone: _____

Primary insured (parent / guardian): _____

PARENT / LEGAL GAURDIAN / EMERGENCY INFORMATION:

Name: _____

Relationship to Minor: _____ E-Mail Address: _____

Mailing Address: _____ Zip _____

Home Phone: _____ Work: _____ ext: _____ Cell: _____

Place of Employment: _____

Emergency Contact Person (other than parents / legal guardian):

Name: _____ Telephone: _____ Cell: _____

PERMISSION / HOLD HARMLESS FORM:

As the custodial parent or legal guardian of the minor named above, I am aware of the involvement and participation of this minor in activities at and excursions with First United Methodist Church groups, staff and adult chaperones. I grant permission for this minor to participate in these activities, which I acknowledge may occur both on and off the premises of FUMC. I grant permission for my child to travel with authorized representatives of FUMC when these activities occur off premises.

I request and authorize the staff and adult chaperones of FUMC to exercise temporary custody and care for this, my minor child while on church-related events. During such time as my child is in the care of the staff and / or adult chaperones, and in the event that my child shall need medical treatment or care, including, but not limited to emergency surgery, hospitalization, or other emergency or non-emergency medical care, I hereby authorize and consent to such medical treatment and care that may be deemed necessary for my child, at my expense.

I shall be responsible for any and all costs or expenses of providing such care and treatment for my child, and shall reimburse, indemnify, and hold harmless First United Methodist Church, it's staff and adult chaperones from same.

I further understand that it is solely my responsibility to provide the church with an updated MEDICAL RELEASE AND PERMISSION FORM if **any** changes occur in the information provided above I understand that this form will remain on file at the church to be used for all events in which my minor child participates.

Signature of Parent / Legal Guardian: _____