fire&water student ministries
medical release

Student's name _____ SSN _____

Date of Birth_____Age_____ Sex_____ Grade_____

Parent(s) or Guardian's name(s) _____

Home Address_____

Home Phone (____)_____ Additional Phone (____)_____

In the event of an accident or illness to my child, I release Fishers United Methodist Church, it's staff members, volunteer workers and other employees and/or agents in the event of any injury to my child not resulting from the negligence of any such staff, volunteers, employees and/or agents while my child is engaging in any church or youth activity. I understand that every effort will be made to contact me. If I cannot be reached I further consent to any hospital or medical care necessary for my child, and such medical care may be approved by my child's youth leader/director and physicians immediately employed in any medical facility where they may be treated, including all emergency treatments which in the judgment of said physicians may be considered necessary or advisable for my child. I understand that this is a legally binding release and consent that the church activities are provided in consideration of this signed release and consent. I have carefully read this Release of Liability and Consent for Medical Treatment form and fully understand its contents.

_____
Signature of parent or guardian Date

Insurance Company_____

Phone_____ Policy number_____

Family Physician_____ Phone_____

If the parent or guardian named above is not available in the event of an emergency, notify:

Name_____ Phone_____

Address_____ Relationship_____

**If applicable, please attach a copy of insurance card.

**Does your child have any allergies, health concerns, take medicine on a regular basis or other special considerations that we should be aware of prior to events/ trips?

Yes No If yes, please list on back.