

AUMC Activities Permission/Liability/Medical Slip for the 2017-2018 School Year

We will have only 1 permission slip for the entire year. All minors will be required to have a completed permission/liability/medical information slip and have it on file in the church office before they will be able to participate in AUMC Activities. This means that **if you plan on bringing a friend to an activity, you will need to plan ahead so that he/she can have a slip filled out and on file in the church office. By signing this form, you are authorizing your child to participate in all AUMC Activities for the 2017-2018 school year.**

Aldersgate United Methodist Church Release from Liability and Authorization for Treatment of a Minor Dates effective: from August 1, 2017 to September 1, 2018

I, _____ being the parent or legal guardian of _____, consent for my child/youth to participate in all children and youth activities sponsored by The Aldersgate United Methodist Church and release the church from any and all claims, costs, liabilities, expenses, decrees, or judgments, including attorney's fees and court costs arising out of my child's participation in any such activities, or any accident, illness, or injury resulting, therefore, or in travel to or from such participation and hereby agree to indemnify and hold harmless the church from and against any and all such claims.

As used in this authorization and release, the term "church" shall be understood to include, not by way of limitation, all paid and unpaid staff, committees, boards, and membership.

I further give my consent for any adult leader of any children/youth activity sponsored by the church to secure emergency medical and surgical treatment for my child which may be considered to be necessary in the situation in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved.

This release and authority shall be valid for any children/youth activity in which my child participates unless revoked in writing prior to the date of that activity.

Parent's Signature

(or legal guardians)

Parent's Signature

Parent's Names (please print)

WEBSITE INFORMATION

I, _____, parent / guardian of _____,

Do hereby grant my permission for photos taken of my child at church-sponsored events to appear on the Aldersgate United Methodist Church website and/or Facebook.com, in pictures throughout the church and in publicity for future events.

(PLEASE FILL OUT THE BACKSIDE BEFORE RETURNING)

AUMC Activities Permission/Liability/Medical Slip for the 2017-2018 School Year

MINOR'S MEDICAL INFORMATION

(Please Print)

Minor's Name _____

Address _____ Birth Date _____

Date of Last Tetanus Shot _____

Allergies _____

Health Problems _____

Medications (Reason for taking)

Family Doctor _____ Phone _____

Medical Insurance Carrier (Company)

Insured Members Name _____ Policy # _____

Hospital Preference _____ Phone _____

Emergency Contact _____ Phone _____

For Office Use: