

**Peace United Methodist Church Medical & Liability  
Release Form (2021-2022)**

<b>Student's Name:</b>		
<b>Student's Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Student Cell Phone (if applicable):</b>		
<b>Student Contact Email:</b>		
<b>Student's Birthday:</b>	<b>Student's Age:</b>	<b>Grade:</b>
<b>Parent/Guardian 1 Name:</b>	<b>Contact Phone:</b>	
<b>Address if different from student:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Parent/Guardian 2 Name:</b>	<b>Contact Phone:</b>	
<b>Parent Contact Email(s):</b>		
<b>Others authorized to pick up student:</b>		
<b>Insurance Company:</b>		
<b>Current Medications:</b>		
<b>Known Allergies:</b>		
<b>Permitted to take over-the-counter Aspirin &amp; Cold Medicines:</b>		
<b>Yes   No   (Circle one)</b>		

**Social Media & Communication**

**I GIVE** my permission for social media and text communication between my student and adults involved with Peace Youth Ministry.

**I GIVE** my permission for still or video pictures of my student to be used for promotional purposes.

**I DO NOT INSIST** that I be copied on all emails, texts or messaging to my child.

**I DO NOT INSIST** that those permitted to communicate with my child become my friend on Facebook before communication with my child.

**I DISAGREE with one or more of the above statements (please explain):**

As the parent (or legal guardian) of: \_\_\_\_\_ (Child/Youth name) I understand that my child/youth will be participating in a number of activities for the year and that these activities may have associated risks. I agree that my child/youth is physically fit and has necessary skills to safely participate in those and if I have any concerns, I will let the proper leadership know about my concerns. I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

\_\_\_\_\_  
**Parents Signature:**

\_\_\_\_\_  
**Date:**

I authorize Peace United Methodist Church and its representatives to act on my behalf in any medical emergency. This authorization is given in advance of any specific diagnosis, treatment, or medical care deemed advisable by a licensed physician. I am the legal parent or guardian of the aforementioned student and agree to these terms. This release remains in effect until September 2022.

\_\_\_\_\_  
**Parents Signature:**

\_\_\_\_\_  
**Date:**

**NOTARY REQUIRED**

State of Florida

County of \_\_\_\_\_

This instrument was acknowledged before me on date: \_\_\_\_\_ I certify this person is known to me, or has produced the following photo identification:

\_\_\_\_\_  
(Notary Stamp)

\_\_\_\_\_  
(Signature of notarial officer)