

Medical and Liability Release and Waiver

Name of Student _____ Age _____
Date of Birth _____ Sex _____ Height _____ Weight _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____ Cell (____) _____

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Forest Hills UMC through its accident policy may be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Forest Hills UMC and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Forest Hills UMC, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form. In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless the Church, its officers, agents, leaders, employees and volunteers from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers, agents, leaders, employees and volunteers with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage. I also agree to hold harmless and indemnify the Church, its directors, officers, employees, agents, and any parties volunteering on behalf of the Church or otherwise for any loss, claim, liability, damage, including property damage and all other injury whatsoever incurred by the Minor(s) as a result of each of the Minor's negligent, willful or intentional acts, including attorney fees and other expenses incurred attendant thereto. I also agree not to seek on behalf of the Minor(s) or myself, any type of recovery or reimbursement whatsoever from the Church, its officers, agents, leaders, employees and volunteers.

I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent/Guardian Signature _____
Date _____
Signature of Student (if over 18) _____

Emergency Contact Person

Name _____
Address (if different from student) _____

Home Phone (____) _____
Work Phone (____) _____
Mobile Phone (____) _____

Alternate Contact Person

Name: _____
Address (if different from student) _____

Home Phone (____) _____
Work Phone (____) _____
Mobile Phone (____) _____

PARENTAL CONSENT FORM

Name of Student _____ Age _____ Birth Date _____

Street Address _____ City _____

State _____ Zip Code _____

Student Cell Phone (_____) _____

Parent(s) Home Phone (_____) _____ (_____) _____

Parent (s) Work Phone (_____) _____ (_____) _____

Parent (s) Mobile Phone (_____) _____ (_____) _____

To whom it may concern:

The undersigned does hereby give permission for our/my child, (print name of child)

_____, to attend and participate in ministries, events, functions, activities and retreats sponsored by Forest Hills UMC for 2016.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We (I) authorize an adult, in whose care the minor has been entrusted, to give over the counter medicines as needed to the minor. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Forest Hills United Methodist Church.

Hospital Insurance Yes No

Insurance Company _____

Policy Number _____ Group Number _____

Signatures required:

Participant _____ Date _____

Father or Legal Guardian _____ Date _____

Mother or Legal Guardian _____ Date _____

Specific Medical Information

If your student has neither an allergy nor prescription medication that we need to be aware of, you may omit filling this form out. If the information submitted herein alters at any time during the course of the year, please fill out an updated form preceding the next youth event or trip that requires the parental and medical release forms.

Allergies:

Prescription Medication(s):

Medication: _____

Directions: _____

Medication: _____

Directions: _____

Medication: _____

Directions: _____

Medication: _____

Directions: _____
