

**Medical/Civil Liability Release  
And Permission Form  
St. James UMC  
9045 Vaughn Road  
Montgomery, AL 36117**

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_, give my permission to go out of town and authorize the leadership of St. James UMC to care for the administration of general first aid treatment for any minor injuries received to my child. If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of St. James UMC or its representative to summons any or all professional emergency personnel to attend, transport, and treat my child.

I give permission for my child to be photographed during St. James UMC activities.

I agree to release and hold harmless any staff and lay assistants of St. James UMC from any and all claims, suits, costs and actions, of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Cell# \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—

Good swimmer       fair swimmer       non-swimmer

2. Does your child suffers from, or has ever experienced, or is being treated currently for any of the following:

Asthma       epilepsy / seizure disorder       heart trouble       diabetes  
 frequently upset stomach       physical handicap

4. Date of last tetanus shot: \_\_\_\_\_

5. Does your child wear       glasses       contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_

Please note any allergies or medications currently taking and any other pertinent health information we might need.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF ALABAMA\*  
MONTGOMERY COUNTY\*

Before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_ who being known to me and being first duly sworn, deposed and said she has read the foregoing agreement, understands its contents and has signed the same voluntarily.

SWORN TO and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public