



First United Methodist Church of Mountain Home
605 W. 6th Street; Mountain Home, Arkansas 72653

If you are under the age of 18, please have your parents or legal guardian fill out the following.

LIABILITY RELEASE/CONSENT TO TRAVEL

I \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_, a minor of \_\_\_\_\_ years of age, consent and agree that said child may travel with First United Methodist Church of Mountain Home, on trips sponsored by First United Methodist Church of Mountain Home, from June 1, 2018 through August 31, 2019; and I hereby release the assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by said child during the course of said trip.

MEDICAL RELEASE

I \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_, do further give my consent for the director or properly appointed staff member of First United Methodist Church of Mountain Home to secure the administration of medical treatment or medication for the above named child, from June 1, 2018 through August 31, 2019; and I do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for our child.

PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_
Physician's Name and Phone #: \_\_\_\_\_

INSURANCE INFORMATION

Company: \_\_\_\_\_ Effective date: \_\_\_\_\_
Group #: \_\_\_\_\_ Member ID: \_\_\_\_\_

Emergency Notification

Name: \_\_\_\_\_
Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_

Alternate Contact

Name: \_\_\_\_\_
Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_

Health History

Allergies

- \_\_\_\_ Drugs \_\_\_\_\_ Diabetes \_\_\_\_\_ Emotional Handicap
\_\_\_\_ Asthma \_\_\_\_\_ Cardiac \_\_\_\_\_ Mental Handicap
\_\_\_\_ Hay Fever \_\_\_\_\_ Chronic Asthma \_\_\_\_\_ Seizure Disorder
\_\_\_\_ Insect Stings \_\_\_\_\_ Nervous Disorder \_\_\_\_\_ Other
\_\_\_\_ Other \_\_\_\_\_ Epilepsy \_\_\_\_\_ Physical Handicap

Date of Last Tetanus Shot: \_\_\_\_\_

If you have checked any of the above, please give details: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by First United Methodist Church of Mountain Home to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. (Use back of form for any expatiations). In case of an accident, I will not hold First United Methodist Church or staff responsible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(parent or legal guardian if registrant is a minor)

This document will be kept by FUMC Mountain Home youth staff and volunteers on all Youth Events. It is the parent(s) or legal guardian(s) responsibility to provide a new form if there is any new or changed information.