

## PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Amory First United Methodist Church

Phone: (662) 256-8486 Address: 107 3rd St S, Amory, MS 38821

Name of child/youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' full names: \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **Please a initial if you agree to each of the following:**

\_\_\_\_\_ I have created an KidCheck account for myself and my child, and will check my child in and out when required.

\_\_\_\_\_ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_\_\_ I understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

\_\_\_\_\_ I understand and give consent for photographs of my child to be use by the church on its social media pages and for publications.

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## CONSENT FOR TREATMENT FOR A MINOR CHILD

I HEARBY GIVE MY CONSENT TO THE HOSPITAL APPOINTED BY REPRESENTATIVES OF FIRST UNITED METHODIST CHURCH OF AMORY, AND PHYSICIANS EMPLOYED AT THE HOSPITAL IN THE ADMINISTRATION AND PERFORMANCE OF ALL EMERGENCY MEDICAL TREATMENTS WHICH IN THE JUDGEMENT OF SAID PHYSICIANS MAY BE CONSIDERED NECESSARY OR ADVISABLE FOR\_\_\_\_\_.

(Please initial \_\_\_\_\_.)

Do you have health insurance : Yes or No

Health Insurance Company:\_\_\_\_\_Policy Number:\_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_Phone Number\_\_\_\_\_

Tetanus: (Date of last immunization): \_\_\_\_\_

Name of medications taken whilst in the care of Amory First UMC

\_\_\_\_\_

Dosage:\_\_\_\_\_ Times Taken\_\_\_\_\_

I understand that my child/youth will be participating in a number of activities for the calendar year \_\_\_\_\_, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities. Please indicate any restrictions on your child's/youth/s activities: \_\_\_\_\_

\_\_\_\_\_

# **PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

## **RELEASE OF LIABILITY AGREEMENT**

This form must be signed by the parent or guardian and notarized before any child may be allowed to participate in any First United Methodist Church of Amory (hereinafter “First United Methodist Church”) activity. I recognize there are risks including those of injury and even death in all of the activities initiated and carried out under the auspices of the First United Methodist Church. I freely assume those risks on my own and my child’s behalf. I agree to release and hold harmless from liability the First United Methodist Church, its staff members, volunteers, workers, and other employees and agents in the event of injury or death of my son(s)/daughter(s) (listed below), resulting from negligence or any other theory of liability while engaging in any church or youth fellowship activity. I agree not to make any claim or file any lawsuit against the First United Methodist Church, its staff members, volunteers, workers, and other employees and agents for injuries or damages related to my child’s participation in church or youth fellowship activities. (Please initial \_\_\_\_\_.)

This release is signed on behalf of: \_\_\_\_\_ I understand that this is a legally binding contract and that the Church activities are provided in consideration for this signed Release of Liability Agreement. (Please initial \_\_\_\_\_.)

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS CONTRACT RELEASES FIRST UNITED METHODIST CHURCH, ITS STAFF MEMBERS, VOLUNTEERS, WORKERS, EMPLOYEES AND AGENTS FROM LIABILITY, AND I SIGN IT ON MY OWN FREE WILL.

\_\_\_\_\_  
Parent/ Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date