

First United Methodist Permission Slip, Insurance information and Waiver.

STUDENTS Name _____ Sex M F

Date of Birth _____ Age _____ Grade in August 2010 _____

School _____

Address _____ City _____ Zip _____

Family Doctor _____ Doctor's Phone _____

Preferred Hospital _____

Hospitalization Insurance Company _____

Policy Number _____

Allergies/Medical Conditions _____

Mothers Name _____ Fathers Name _____

Mothers Phone _____ Fathers Phone _____

Mothers Email _____ Fathers Email _____

Please list the name of the nearest relative/neighbor to be contacted in case of an emergency:
Name _____ Relation _____ Phone _____

RELEASE AND HOLD HARMLESS AGREEMENT FOR FIRST UNITED METHODIST CHURCH

By my signature, I _____, the parent or guardian of _____

Grant my permission for him/her to participate fully in any activities or trips sponsored by First United Methodist Church. I understand that my signature carries with it the following:

- An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
- The release of medical information necessary to provide treatment.
- I knowingly release, absolve, indemnify and hold harmless First United Methodist Church from all claims that might result from an injury or death of a minor. This agreement pertains to all programs and activities including those where transportation is provided.
- Should medical help be needed, I agree to pay, directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Signature _____ Date _____

(REVISED 10/2010)