

Trinity United Methodist Church

2018 Student Medical & Liability Release

This form will NOT be accepted unless both sides are complete and notarized.
Please use additional forms for each student

Name of Student: _____

Address: _____ City: _____ Zip: _____

Student Cell #: _____

Can the student receive an occasional text message? Yes No

Student e-mail: _____ Age: _____

Birthdate: _____ School _____ Current Grade: _____

Mother's Name: _____ E-mail: _____

Mother's Phone # (H) _____ (W) _____ (Cell) _____

Father's Name: _____ E-mail: _____

Father's Phone # (H) _____ (W) _____ (Cell) _____

We, the undersigned parent/guardian, authorize permission for the above student to attend all events and programming sponsored by Trinity UMC. We authorize any adult to consent to any x-ray, medical, surgical, dental treatment, or hospital care. As parents/guardians we do hereby release, forever discharge and agree to hold harmless Trinity UMC, Director of Youth Ministries, other church staff, and other adult chaperones of Trinity UMC from any and all liability which may result from personal injury, sickness, or death. We assume all responsibility as a result of participation in recreation and work activities involved with this event. Should it be necessary for our child to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation costs.

Insurance: Yes _____ No: _____ Insurance Company: _____

Policy #: _____ Group #: _____

Allergies: _____

List **ALL** medications currently being taken: _____

Special needs or conditions: _____

Any limitations in activities by doctor or parent/guardian: _____

(To be signed in presence of Notary)

Parent/Guardian Signature

Date

This form MUST be notarized

Personally appeared before me, _____, a Notary Public of _____ county in the state of _____, the person whose signature appears above executed this instrument for the purposes therein.

Witness my hand and official seal this _____ day of _____

My Commission Expires: _____

Signature of Notary Public