NEDERLAND FIRST UNITED METHODIST CHURCH
Medical Release Form

Youth's Full Name | Home Phone | Cell Phone

Home Address | City | Zip

Email | Grade | School

Social Security | Date of Birth

Date of Last**:** Health Exam | Tetanus Shot | T.B. Test

Youth's Doctor /Clinic | Phone

Father's Name | Cell Phone | Work Phone

Mother's Name | Cell Phone | Work Phone

HEALTH STORY: (CHECK THOSE THAT APPLY)
DISEASES: ____Chicken Pox ____Measles ____German Measles ____T.B.
ALLERGIES: ____Animals ___Food ___Insect stings ___Medicine/drugs ___Plants ___
Pollen ____ Other_____ *If any checked please explain*:
_____

SHOT RECORD: _____Hepatitis A _____Hepatitis B _____Tetanus Shot

CHRONIC OR RECURRING ILLNESS:
___Ear infections ___Contact lens wearer ___Heart defect/disease ___Seizures ___Bleeding disorder
___ Asthma ___Diabetes ___Other (specify) _____

HOSPITAL INSURANCE INFORMATION:
** Please attach photocopy of insurance card*

*1-800*_____

Name of Carrier | Policy Number | Group Number

Insured's Name

Company Name (if insured through employer)

FAMILY MEMBER (S) WHO MAY BE CONTACTED IN CASE OF EMERGENCY TO AUTHORIZE TREATMENTS:

Name | Day Phone | Evening Phone | Relationship

Name | Day Phone | Evening Phone | Relationship

YOUTH ACTIVITIES
I give permission for my youth to attend activities at FUMC and to go on trips away from the church site. I give my permission for FUMC's authorized sponsors to chaperone overnight events.

Initials _____

PHOTOGRAPH RELEASE
Regarding photographs of my child taken at any FUMC events, I give FUMC permission to do the following for nonprofit use and without charge: use at the discretion of FUMC, display at a service or event or be used in a multimedia presentation, reprint and distribute for any FUMC non-profit publication with copyright to accompany photo when used (for example, in the Clarion, brochures, etc.), display on the FUMC website, or use quotes and video clips on the FUMC website.

Initials _____

PARENT AGREEMENT
I (we) agree to indemnify any adult, youth or FUMC for any damage of property caused willfully or through negligence of my child. I (we), the parent(s), legal guardian(s), or custodian(s) of the child/children named above, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS FUMC, as well as its' employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the child's activities at or sponsored by FUMC. In the event the child/children named above is/are injured while in the care of FUMC and require(s) the attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, I (we) hereby authorize the Director of Youth Ministries, and/or representatives of FUMC to give consent for us if we cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as FUMC, free and harmless and agree to INDEMNIFY such person, as well as FUMC, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

_____ _____
Parent Signature Date

NOTARIZATION REQUIRED

My signature confirms that the above information is correct to the best of my knowledge and that I am authorized to execute the information form and release The State of Texas County of _____

BEFORE ME, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED _____, TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATION THEREIN EXPRESSED.

Given under my hand and seal of office this _____ day of _____, 201____.

_____
Notary Public, State of Texas