



Centenary United Methodist Church



Youth Department

Information and Medical Release Form

Must be given to Youth Minister prior to trip

Name _____ Birthdate ____/____/____
(Last) (First) (Middle Initial)

Address: _____ (____)
(Street) (City) (State) (Zip) (Phone Number)

Other correspondence routes: _____ (____)
(e-mail) (Fax Number)

In case of emergency contact:

Name _____ Daytime Phone: (____)
(Parent, Spouse, Legal Guardian)

Evening Phone: (____)

Address of Above _____
(Street) (City) (State) (Zip Code)

Name _____ Daytime Phone: (____)
(Parent, Spouse, Legal Guardian)

Evening Phone: (____)

Address of Above _____
(Street) (City) (State) (Zip Code)

Other relative or responsible person:

Name _____ Relationship _____ Daytime Phone: (____)

Evening Phone: (____)

Address: _____
(Street) (City) (State) (Zip Code)

Date of last Tetanus shot _____ Medication(s) you can **not** take: _____

Allergies/special health problems or concerns: _____

Insurance Co. _____ Phone (____)

Address: _____
(Street) (City) (State) (Zip)

Policy # _____ Policy Holder's Identification # _____

Doctor's Name _____ Phone (____)

Address: _____
(Street) (City) (State) (Zip)

(Continued on Back)

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Centenary United Methodist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders on this trip to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to the Youth Minister.

I, on behalf of myself, my child and for myself and all other persons, hereby release and hold harmless Centenary United Methodist Church and its adult leaders for any injury, illness, death or other accident which may occur on this trip. I understand that the trip involves travel as well as involvement in physical activities of which both tasks are potentially dangerous.

I understand that Centenary United Methodist Church does not carry medical insurance on people participating in their activities. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

Media Release Statement: In signing this document I also give Centenary UMC permission to use photographs or video footage of my child for use on our website or other church publications.

This is the _____ day of _____, 20

Signature (Participant) - I certify that I am 18 years or older

Signatures/Relationship (Parents or Guardians of minor participants)

Name or participant : _____

Personally appeared before me, _____ a Notary Public of _____

County in the State of _____, the persons whose signatures above and with whom I am personally acquainted and acknowledge that he/she executed within the instrument for the purposes therein contained.

Witness my hand and official seal this _____ day of _____, 20

Notary Public

My Commission Expires:
