

FOUNTAIN CITY UNITED METHODIST CHURCH
EMERGENCY MEDICAL RELEASE AND LIABILITY WAIVER

NOTE: A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD MUST BE ATTACHED TO THIS FORM

Name of Participant: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Birthdate: _____ Social Security Number: _____

Parent/Guardian: _____
Phone #'s: Mother (Home) _____ (Work) _____ (Cell) _____
Father (Home) _____ (Work) _____ (Cell) _____

Emergency Contact Person: _____ Relationship _____
Home Phone: _____ Work _____ Cell: _____

Insurance Company: _____
Policy #: _____ Group #: _____
Name of Physician: _____ Physician Phone #: _____
Name of Dentist: _____ Dentist Phone #: _____
Date of Last Tetanus Vaccine: _____

Medical/Food Allergies: _____

Special Needs or Conditions: _____

Medications Currently Being Taken: _____

I, the parent or legal guardian of the youth listed above, assume all responsibility of participation in recreation and work activities involved in this and all events, and we do hereby release, forever discharge and agree to hold harmless Fountain City United Methodist Church, the Youth Director, other Church Staff, and adult persons of Fountain City UMC from any and all liability which may result from personal injury, sickness or death. We the undersigned parent/guardian, authorize permission for the above youth to attend events and programming sponsored by Fountain City UMC. We authorize any adult counselor to consent to any x-ray, medical, surgical or dental treatment and hospital care. I agree to assume financial responsibility for any medical treatment or medications needed.

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 and
with whom I am personally acquainted and acknowledge that he/she executed the within instrument
for the purposes therein contained.

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

Notary Public

Commission Expires