

**STUDENT MINISTRY
MEDICAL RELEASE FORM**

First United Methodist Church
800 E Main, Humble, Texas
(281) 446-2332

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

AGE: _____ BIRTHDAY: _____ SEX: _____

PARENT'S NAME: _____

EMPLOYER: _____ BUS. PHONE#: _____

INSURANCE CO.: _____ POLICY#: _____

FAMILY PHYSICIAN: _____ PHONE: _____

DATE OF LAST TETANUS SHOT: _____

In case of emergency, list name of person to be contacted if parents cannot be reached:

NAME _____ PHONE: _____

List any allergies, handicaps, or specific medical problems of which we should be aware:

My child, _____, has my permission to attend and participate in events sponsored by the United Methodist Church. I understand that this may involve travel on a bus, van, or in private cars. I release the United Methodist Churches, its employees, and volunteers from any liability for injuries or illness which may occur on these events. The sponsors have my permission to take my child for treatment to an emergency room or to a licensed physician. Furthermore, I give consent for my child to be photographed during church activities for ministry-related publicity.

Signed _____
(Parent Signature)

(Date)

Subscribed and sworn to, before me, on this _____ day of _____, 20____.

NAME: _____
Notary Public for the State of Texas
Commission Expires _____

NAME OF STUDENT: _____