

FRIENDSWOOD United Methodist Church
PERSONAL INFORMATION and MEDICAL/LIABILITY RELEASE FORM

PARTICIPANT INFORMATION

LAST NAME _____ FIRST NAME _____
ADDRESS _____
PHONE NUMBER (_____) _____ PRESENT GRADE _____ BIRTH DATE ____/____/____
ARE YOU A MEMBER OF FRIENDSWOOD UNITED METHODIST CHURCH? () YES () NO

PARENT/EMERGENCY CONTACT INFORMATION

MOTHER'S NAME _____ CELL PHONE (_____) _____
MOTHER'S EMAIL _____ WORK PHONE (_____) _____
FATHER'S NAME _____ CELL PHONE (_____) _____
FATHER'S EMAIL _____ WORK PHONE (_____) _____
EMERGENCY CONTACT _____
PHONE NUMBER (_____) _____ RELATIONSHIP _____

HEALTH INFORMATION

HEALTH INSURANCE COMPANY _____
POLICY/GROUP NUMBER _____ PHONE NUMBER (_____) _____
POLICY HOLDER _____ POLICY HOLDER PHONE NUMBER (_____) _____

ALLERGIES (including food & medication) _____

OTHER HEALTH CONDITIONS _____

CURRENT MEDICATIONS or OTHER MEDICAL INFO (attach addtl. Sheets as needed): _____

PLEASE COMPLETE OTHER SIDE

LIABILITY, MEDICAL, AND PRESS RELEASE

I give consent for my child, _____, to participate in the events and programs of Friendswood UMC and KINGDOM Student Ministry, including those on and off the campus of Friendswood UMC. Further, I give consent for my child to be transported to and from events and programs by any responsible parties approved by Friendswood UMC and KINGDOM Student Ministry, its officers, agents, employees, trustees, and volunteers.

I recognize that certain hazards and dangers are inherent in the events and programs, and required travel, of Friendswood UMC and KINGDOM Student Ministry. I acknowledge that although Friendswood UMC and KINGDOM Student Ministry has taken safety measures to minimize the risk of injury to participants, Friendswood UMC and KINGDOM Student Ministry cannot guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries.

In consideration of Friendswood UMC and KINGDOM Student Ministry accepting and permitting my child to participate in this trip, I agree that Friendswood UMC and KINGDOM Student Ministry, a non-profit organization, its agents, officers, employees, trustees, and volunteers will not be liable for any injury, death, damage and/or loss to my child, and/or anyone claiming on my child's behalf, and I further agree to hold harmless, indemnify and defend Friendswood UMC and KINGDOM Student Ministry, its officers, agents, employees, trustees, and volunteers for and from any and all damage during the trip, whether such injury, illness, or damage occurs on or off the church premises.

I authorize any of Friendswood UMC and KINGDOM Student Ministry agents, officers, employees, trustees, or volunteers to obtain any medical attention and/or treatment for my child that may be needed.

I authorize photos and/or videos of my child participating in Friendswood UMC and KINGDOM Student Ministry events or programs may be reproduced and utilized in promotional materials for the Church.

I have listed above any and all special medical problems concerning my son/daughter and have taken the opportunity to discuss these problems with one or more of the adult leaders working with my child. I have attached a copy of my Student's Insurance Card if applicable.

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Name (signed) _____

DATED: Month: _____ Day: _____ Year: _____