

UNCONDITIONAL RELEASE OF LIABILITY and TRIP PERMISSION FORM, August 2012- August 2013

The undersigned does hereby give permission for my son/daughter, _____, to attend and participate in activities sponsored by First United Methodist Church. I am familiar with the hazards of air and highway travel and further understand the potential hazards of youth trips in general. I recognize the potential hazardous nature of the activities in which my son/daughter may engage.

I hereby unconditionally release and absolve First United Methodist Church and all staff and volunteer leaders involved in activities from liability for any accident.

In case of emergency, I understand that every effort will be made to secure proper treatment. I hereby give permission for such treatment and consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist or licensed hospital whether such diagnosis or treatment is rendered at the office of said physician/dentist or at said hospital. My personal health and accident insurance covers any accident or illness which may be incurred during this experience. I will personally guarantee any cost of other liability incurred during evacuation or treatment.

Parent's Signature

Date

Parent's Signature

Date

Student Signature

Date

In case of any illness or injury, contact:

Name

Phone – list all applicable #'s

or

Name

Phone – list all applicable #'s

or

Name

Phone – list all applicable #'s

Notary Seal – State of Tennessee; County of Washington:

Before me this day personally appeared _____ and acknowledged to me that the same was executed for the purposes and consideration therein expressed. Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public

My commission expires _____

(PARENTS: PLEASE COMPLETE REVERSE SIDE)

HEALTH INVENTORY, Aug. 2012 – Aug. 2013

NAME _____ MALE ___ FEMALE ___ BIRTHDAY _____ GRADE _____

Address _____ Phone _____
 City _____ State _____ Zip Code _____

Email address _____

Parent/Guardian Information:

1. Name _____ Home Phone _____ Work Phone _____
 2. Name _____ Home Phone _____ Work Phone _____

Insurance Company _____

Insurance Policy Number _____

Social Security Number _____ (not required)

Date of last physical exam _____ Date of last tetanus booster _____

Doctor's Name _____ Telephone _____

Dentist's Name _____ Telephone _____

DO YOU HAVE:

Allergies?	___NO ___YES	Specify _____
Asthma?	___NO ___YES	Specify _____
Bee Sting Allergy?	___NO ___YES	Specify _____
Diabetes?	___NO ___YES	Takes Insulin ___no ___yes
Ear Infections?	___NO ___YES	Specify _____
Epilepsy/Seizures?	___NO ___YES	Specify _____
Heart Conditions?	___NO ___YES	Specify _____
Orthopedic Problem?	___NO ___YES	Specify _____
Other Problems?	___NO ___YES	Specify _____

HAVE YOU HAD:

Serious Illness?	___NO ___YES	Specify _____
Serious Injury?	___NO ___YES	Specify _____
Surgery?	___NO ___YES	Specify _____
Childhood Diseases?	___NO ___YES	Specify _____

DO YOU:

Take daily medication? ___NO ___YES Specify _____

Take emergency medication? ___NO ___YES Specify _____

Have permission to take, if needed: Tylenol ___NO ___YES

Pepto-Bismal ___NO ___YES

Do you have any special diet concerns or needs? _____

Parent Signature _____ Date _____

(PLEASE COMPLETE REVERSE SIDE)