

FIRST UNITED METHODIST CHURCH RELEASE FORM STUDENT

Name _____ Sex _____ Age _____ Grade Completed in May _____
Address _____ City _____ Zip _____ Phone(____) _____
Mother's Name _____ Occupation _____
Mother's Social Security Number _____ Work Phone(____) _____ Cell(____) _____
Father's Name _____ Occupation _____
Father's Social Security Number _____ Work Phone(____) _____ Cell(____) _____
Please list any known allergies for the student _____
Please list any physical restrictions _____
Is the student on any regular medications? Yes No If Yes, please list _____

Please list below the name of the nearest relative or neighbor in case of emergency. We will always try to contact the parents first.

Name Home Number Work Number Cell Number
Hospitalization Insurance Company _____ Policy Number _____
Family Doctor _____ Phone Number _____
(Please attach a copy of your insurance card to this document)

RELEASE AND HOLD HARMLESS AGREEMENT FOR FIRST UNITED METHODIST CHURCH ODESSA, TEXAS

By my signature, I, _____ the parent or legal guardian of _____, grant my permission for him/her to participate fully in any activities or trips sponsored by First United Methodist Church. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless First United Methodist Church from all claims that might result from any injury or death of any minor. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all expenses related to the medical or hospital treatment.
4. I also will allow FUMC to contact my student via (email, text message, facebook, twitter etc.) Photos take with FUMC are may be released via same electronic media.

Signature

Date

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20____

STATE OF TEXAS

Notary Public for the State of Texas
My Commission expires _____