

Medical/Liability Release Form

Christ United Methodist Church Mobile, Alabama

Child's Name: _____

Gender _____ Grade _____ Date of Birth _____

Health Insurance Provider: _____

Policy Number: _____

Name the insurance is under and their DOB:

Mother/Guardian's Name: _____

Address: _____

City: _____ : _____ State _____ Zip: _____

Home #:: _____ Work #: _____ Cell#: _____

Email:

I receive Text _____ email _____ on my cell phone

Father/Guardian's Name: _____

Address: _____

City: _____ : _____ State _____ Zip: _____

Home #:: _____ Work #: _____ Cell#: _____

Email:

I receive Text _____ email _____ on my cell phone

If unable to reach me, contact::

_____ phone # _____ relationship _____

_____ phone # _____ relationship _____

_____ phone # _____ relationship _____

Family Physician: _____ Phone: _____

Immunization : Tetanus/Year Given:

MEDICAL HISTORY (check box to give appropriate information) Asthma Sinusitis Bronchitis Kidney
trouble Diabetes Dizziness Heart trouble Stomach upset Hay Fever

Other:

Allergies:

Food: _____

Poison sumac, oak, or ivy: _____

Insect stings/bites: _____

Penicillin/Antibiotic: _____

Previous operations or serious illnesses:

Any current medications:

Conditions we should be aware of:

I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of _____, a minor, and have given consent for him/her to participate in the Children's Ministry at Christ United Methodist Church. I acknowledge that there are certain risks associated with participation in any activity or program, including transportation accidents, injuries, loss of personal items, criminal actions beyond the control of Christ United Methodist Church, or other harm that may occur to my child. I assume the risk associated with such activities and release Christ United Methodist Church of any liability for such. In the event that he/she is injured while attending any event of this ministry and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent I/we hereby authorize any staff or adult counselor to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed above, or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent so as the treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity, which they have any question about for health or other reasons. I/we affirm that the health insurance information provided is current and accurate:

Media Consent-By signing this document I give my consent and permission for the taking of photographs and/or video of me (or my child) during an event and waive and/or assign any and all rights (including copyright) in such media to Christ United Methodist Church. Christ United Methodist Church, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Signature of Parent: _____

Date: _____