

CHRIST UNITED METHODIST MEDICAL RELEASE FORM

A COPY OF YOUR INSURANCE CARD MUST ACCOMPANY THIS FORM

CHILD'S NAME _____ SEX _____ AGE _____

D.O.B. _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

Please list the name of the nearest relative/friend to be contacted in an emergency.

Name _____ Home Phone _____ Work Phone _____

PHYSICIAN _____ Phone _____

DATE OF LAST TETANUS SHOT _____

INSURANCE AGENCY NAME _____

POLICY NUMBER _____ EXPIRATION DATE _____

GROUP NUMBER _____ AGENCY PHONE _____

DESCRIBE ANY HEALTH PROBLEMS OF CHILD:

ALLERGIES (drug or other):

PLEASE LIST ANY MEDICATION PRESENTLY TAKING:

LIST ANY ACTIVITIES THAT YOUR CHILD CANNOT DO:

In the event that my child _____ becomes ill or sustains an injury while engaged in any activity or youth trip sponsored by or associated with Christ United Methodist Church of College Station, Texas, I, the undersigned, give my permission to those in charge, or any other chaperone designated by the church, to take whatever steps are necessary to render care and to administer first aid. I consent to any and all dental, medical, surgical and/or diagnostic procedures and treatment deemed necessary by a licensed dentist, physician or surgeon. I also consent to care in a hospital facility if necessary.

Further, in exchange for permitting the above-named child to participate in church activities, I agree to indemnify, defend and hold harmless Christ United Methodist Church of and from any and all liability, claims, obligations, demands, liens, judgments, penalties, fines, suits, losses, costs or causes of action of any kind or character whatsoever, known or unknown, now accrued or which may hereafter accrue, arising from or in any way growing out of, derivative of, connected with, or resulting or arising from any lawsuit and/or claims that may be asserted with regard to any injuries sustained by the above-named child while engaged in a church activity. I AGREE THAT THIS INDEMNIFICATION INCLUDES THE AMOUNT OF ANY CLAIM, THE EXPENSES OF DEFENDING AGAINST ANY CLAIM, ATTORNEY'S FEES AND COURTS COSTS. I FURTHER AGREE THAT THIS INDEMNITY EXPRESSLY INCLUDES ANY CLAIM ARISING OUT OF CHRIST UNITED METHODIST CHURCH'S OWN NEGLIGENCE, FAULT, COMPARATIVE RESPONSIBILITY, BREACH OF CONTRACT AND/OR WARRANTY.

Signature of Parent or Guardian

Date

This form expires on April 1, 2015