



# **FIRST UNITED METHODIST CHURCH**

**125 N. Lakeview Avenue  
Winter Garden, Florida 34787  
407-656-1135**

## **STUDENT PERMISSION FORM AND MEDICAL RELEASE**

**Name of Activity:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (*printed name of parent/guardian*) being the parent or legal guardian of \_\_\_\_\_ (*printed name of minor*) have been informed of the above activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold First United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

*I also understand that my minor child is to be excluded from the following activities:*

Being the parent or legal guardian of \_\_\_\_\_ (minor's name printed), I \_\_\_\_\_ (parent/guardian's name printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers, attending to my child will take all reasonable safety precautions during their care.

Further as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child and/or that I will be responsible for any and all expenses incurred by my child whether covered under insurance or not.

Signature of parent/guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_