

**St. Johns United Methodist Church
Medical Release and Consent Form
Aug. 2008-July 2009**

Form for Participant and/or Parent/s/ Guardian including a Release of Liability and Agreement to Indemnify, Medical Authorizations, and a Publicity Release.

Participant's Information:

Participant's Name _____

Name You Like to be Called _____ Date of Birth _____

Age _____ Grade in School _____

Address _____

Email _____ Home Phone _____

Cell Phone #1 _____ Cell Phone#2 _____

Parent(s) or Guardian Information:

Parent _____ Parent(s) Home Phone Number _____

Parent Email Address _____

Address _____

Business Phone _____ Cell Phone _____

Other Authorized Person for Contact (Adult):

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Medical Information:

Physician's Name _____ Phone Number _____

Health Insurance Information-Fill in Information below and attach a copy of the front and back of your insurance card.

Health Insurance Company _____ Policy # _____

Address _____

Phone Number _____ Health Insurance Agent _____

Health Information:

Allergies _____

Recent Illness or _____

Injuries _____

Authorized Medication _____

Date of Last Tetanus _____

Booster _____

(All participants MUST have a current tetanus inoculation within the past 10 years)

List any other Health Conditions _____

I, _____, parent or legal guardian of _____,

Authorize the leaders of St. John's UMC to act as my agent to consent to emergency transportation, examination, X-Ray, anesthesia, injection, medical, dental, or surgical diagnosis or treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where the services are rendered, either at a doctor's office, clinic or hospital. Should there be no representative of St. John's UMC available, I give permission to the attending physician to treat my minor child. I understand that every attempt will be made to contact the parent or guardian in the event of an emergency. I, therefore, assume all responsibility for the decision so made, and the emergency care of treatment so secured for my child. I further release St. John's UMC, it's staff, and any other leaders from responsibility and liability for any injury or illness that my child may sustain during the event or transportation involving the event, whether caused by the negligence or otherwise of the leaders or representatives of St. Johns UMC, except that which is the result of willful wanton misconduct. I understand that payment is due at the time of treatment and I agree to repay St. Johns UMC for any payments they make on behalf of my child.

Publicity Release:

In consideration for the participant being allowed to attend and participate in this activity, I authorize St. Johns to record the participant's and voice on or in photographs, films, audiotapes, and or videotapes and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising and hereby release, discharge, and hold harmless St. Johns from any and all claims and liability for damages, losses, or expenses of any sort relating to the recordings.

I have carefully read this document and fully understand its contents.

Participant's Signature _____

Parent (s)/Guardian Signature _____

Printed Name of Parent/ Guardian _____

Executed before me on this _____ day of _____, 200__.

Notary Public Signature _____

My Commission Expires _____

THIS FORM MUST BE SIGNED BY THE PARENT(S)/GUARDIAN IF THE PARTICIPANT IS A MINOR.