

Centreville United Methodist Church ~ Emergency Care Form for **Minors**

Effective January 1, 2019 - December 31, 2019

Full Name of Minor _____ Date of Birth _____

Name of Parent/Guardian: _____ Email Address: _____

Phone (Cell) _____ (H): _____ (W) _____

Street Address: _____

City: _____ State _____ Zip: _____

Emergency Contact (other than parent): _____

Contact Phone: (Cell): _____ (H) _____ (W) _____

Personal Physician: _____ Phone _____

Medical conditions (diabetes, allergies, etc.): _____

Required medications (including non-prescription) and dosage

Date of last Tetanus Shot: _____ Date of last physical: _____

Medical Insurance Co.: _____ Policy No.: _____

Insurance Company Phone No.: _____

LEGAL RELEASE STATEMENTS: Your signature below indicates that you understand and agree to the following statements.

EVENT DISMISSAL: I understand that 5th-12th grade students will be released at the end of the church event. Nursery – 4th grade students will only be released to an adult or older sibling whose name is listed on the child's registration form. Any changes must be communicated to the Director of Children's Ministry prior to the church event.

MEDIA RELEASE: In understand that minor students still photo or video image may be used for Centreville UMC media purposes. No minor's name will be used in connection with any media. If this is a concern, it is my responsibility to notify the CUMC event organizer.

RELEASE OF ALL CLAIMS: I, being 18 years of age or older (on behalf of my child who is not 18 years of age), do hereby release, discharge and agree to forever hold harmless Centreville United Methodist Church (CUMC), the directors, officers, employees and agents thereof, from any and all liability, claim and demand for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while participating in CUMC events, including transportation.

Furthermore, I hereby assume all risk of said personal injury, sickness, death, damage and expense as a result of participation in Centreville United Methodist Church activities.

Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, and lodging and to assign work to this participant.

I further hereby agree to hold harmless and indemnify Centreville United Methodist Church, its directors, officers, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred.

I am the parent or legal guardian of this participant / these participants and hereby grant my permission for him/her to participate fully in the events of Centreville United Methodist Church, and hereby give my permission to take my child to a doctor or hospital and hereby authorize medical treatment, including but not limited to, emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any. Further, should it be necessary for my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume all related costs.

I will bring only the amount of required medications necessary for the duration of each event my child attends and I have completed an event registration form and Children's Medication Form, as needed.

Parent /Guardian's Signature (if participant has not attained 18 years)

Date

Phone Number

Parent / Guardian's Printed Name