

Jasper United Methodist Church Student Medical Permission and Release Form

Student Name _____ Date Completed _____
Address _____
Birth Date _____ Sex (circle): M F Grade _____ School _____
Parent/guardian names _____
Contact Numbers: Home _____ Work _____ Cell _____
Emergency Contact:
Name _____ Relationship to student _____
Daytime Phone _____ Evening phone _____
Hospital Insurance: Yes No
Name of Insurance Company _____ Phone _____
Group Number _____ Policy Number _____
Policy Holder _____ Last 4 digits of Policy Holder's SS# _____
Family Physician _____ Phone _____

Date of last tetanus shot _____ Are all immunizations current? _____
Allergies _____
Indicate if your child has ever had any of the following:
Diabetes _____ Asthma _____ ADD/ADHD _____ Depression/Mental Health _____
Current Medication(s) _____
Medication Instructions (times/dosage) _____

Special Diet/Other medical info _____

****Please complete BOTH sides of this form****

Jasper United Methodist Church, Student Ministry, and Servants Are Designated By the Abbreviation "JUMC" Throughout this Entire Form

In an emergency, illness, injury, or accident which requires medical attention, I (we) give my permission to JUMC for my (our) child to receive medical treatment, to hospitalize, anesthetize, or perform surgery. I understand that every effort will be made to contact me before these actions are taken. I (we) do release, acquit, discharge and covenant to hold harmless JUMC from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my child's participation on the trip. I (we) understand that I (we) will be financially responsible for any medical costs incurred in the emergency treatment and/or transportation of my (our) child. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless JUMC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with JUMC. Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein.

I (we) hereby authorize JUMC to transport my (our) child to or from Church and/or any other church related and sponsored activities and events.

I (we) hereby authorize JUMC to take and release pictures of my (our) child on social media.

The medical consent and liability waiver provisions hereof shall remain in **full force until written notice of revocation or withdrawal is received by JUMC at its office at 85 W Church St, Jasper GA 30143**. It is the responsibility of the parent or guardian to notify the Church of any changes in medical information, guardianship, address or phone change in writing to the address listed at the beginning of the form.

_____/_____
Father or Mother/Legal Guardian Date

Notary Public Information

Name _____ State of _____ County of _____
Sworn and subscribed before me this _____ day of _____, 20_____
Notary Signature _____
My commission expires _____