Dundee United Methodist Church

219 East Merrill Ave; PO Box 1688; Dundee, Florida 33838 (863)439-1268

MEDICAL RELEASE AND PERMISSION FORM

(Required prior to participation in any church-related trip or activity)

MINOR'S FULL NAME: _____

(Last) (First) (MI)

Birth date: _____/_____/_____ Minor's Social Security #_____/_____/_____

MINOR'S MEDICAL HISTORY:

Allergies:_____

Current Medications: _____

Date of Last Tetanus Shot: _____ Other Medical Concerns: _____

_____

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____ Phone: _____

Policy/Group# : _____

Regular Physicians Name: _____

Primary Insured (parent/guardian): _____

PARENT/LEGAL GUARDIAN/EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship to Minor: _____ E-Mail Address: _____

Mailing Address: _____ Zip: _____

Home Phone:_____ Work Phone: _____Cell Phone:_____

Place of Employment: _____

Emergency Contact Person (other than parent/legal guardian)

Name: _____ Phone: _____ Cell Phone: _____

PERMISSION/HOLD HARMLESS FORM:

As the custodial parent or legal guardian of the minor named above, I am aware of the involvement and participation of this minor in activities at and excursions with Dundee United Methodist Church groups, staff, and adult chaperones. I request and authorize the staff and adult chaperones of DUMC to exercise temporary custody and care of this, my minor child while on church-related events.

During such time as my child is in the care of the staff and/or adult chaperones, and in the event that my child shall need medical treatment or care, including, but not limited to emergency surgery, hospitalization, or other emergency or non-emergency medical care, I hereby authorize and consent to such medical treatment and care that may be deemed necessary for my child, at my expense.

I shall be responsible for any and all costs or expenses of providing such care and treatment for my child, and shall reimburse, indemnify, and hold harmless Dundee United Methodist Church, its staff and adult chaperones from same.

I further understand that it is solely my responsibility to provide the church with an updated MEDICAL RELEASE AND PERMISSION FORM if <u>any</u> changes occur in the information provided above. I understand that this form will remain on file at the church to be used for all events in which my child participates.

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED:

Print Name: _____

Sworn to and subscribed this _____ day of _____, 20_____

Signature of Parent/Legal Guardian: _____

(Signature if Notary) _____

NOTARY PUBLIC, STATE OF FLORIDA, COUNTY OF POLK

NOTARY SEAL