

Aldersgate United Methodist Church

6610 Vaughn Road, Montgomery, AL 36117 (334) 272-6152

www.aldersgateumc.org

CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of Aldersgate United Methodist Church and to be transported by Church bus or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the Aldersgate United Methodist Church, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give Aldersgate United Methodist Church written notice to the contrary.

Parent/Guardian signature: _____

Phone: (_____) _____

Street: _____ City: _____ Zip: _____

email: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of Aldersgate United Methodist Church. This permit is in effect until I give Aldersgate United Methodist Church written notice to the contrary.

Parent/Guardian signature: _____

Health Insurance Company: _____ Subscriber's Name: _____

Policy Number: _____ Insurance company's emergency phone: _____

EMERGENCY INFORMATION

	Parents/Guardians	Nearest Relative
Name		
Address		
Phone		

(over)

Please print

Has he/she had any surgery or serious illness within the last 3 years? ____yes ____ no. If yes, explain:

Is he/she required to take any medication? ____yes ____ no. If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication? ____yes ____ no. If yes, explain.

Is he/she presently under a doctor's care? ____yes ____ no. If yes, explain.