

First United Methodist Church of Oviedo
GENERAL AND MEDICAL RELEASE FORM
Expires June 1, 2009

Participant Name _____
Age _____ Date of Birth _____
School attending Fall 2008 _____ Grade entering Fall 2008 _____
Home address _____ Apt. # _____
City _____ State _____ Zip code _____
Home phone _____ Student cell _____
Student e-mail address _____ Parent e-mail address _____
(If Minor, Father's name) _____ (If Minor, Father's cell phone) _____
(If Minor, Mother's name) _____ (If Minor, Mother's cell phone) _____
Emergency contact name _____ ER contact phone _____
T-shirt size (*all sizes adult) _____
Doctor's name _____ Name of physician's group _____
Doctor's phone _____ Doctor's address _____
Name of medical insurance company _____
Name of insured _____ Employer _____
SSN or driver's license number & state _____
Policy number _____ Group number _____
Insurance company phone number _____
Insurance company address _____

HEALTH HISTORY

Allergies _____ Insect stings _____ Drugs _____
Other conditions: ___ Heart condition ___ Diabetes ___ Asthma
 ___ Frequent stomach upset ___ Epilepsy ___ Glasses or contacts
 ___ Hay fever ___ Hearing aids ___ Frequent colds
 ___ Physical handicap ___ Swimming restrictions ___ Activity restrictions
If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions): _____

Name, dosage, and schedule of medications that must be taken: _____

Date of last tetanus shot _____ Given by _____

PARTICIPANT RESPONSIBILITY

It is the participant's responsibility to find out all details of church and trip activities, including all Sunday and Wednesday events. Participants are responsible for knowing all details of any off-campus trips, including trip location, departure and return time. Participants are asked to read "Youth News," regularly check e-mail or call for specific details.

I accept these terms. Parent initials _____ Date _____

INSURANCE

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you, or your child, is on a church-related activity or trip. I assume all responsibility of all medical bills.

I accept these terms. Initials _____ Date _____

In the event I'm unable to provide information during an emergency, I hereby give permission to the medical professional selected by church leadership to secure proper treatment, including but not limited to medical evaluation, injection, anesthesia, surgery, and hospitalization for me, or my child, as deemed necessary.

I accept these terms. Initials _____ Date _____

*****(PLEASE TURN OVER!)**

MEDIA

By signing below I give explicit permission for the First United Methodist Church of Oviedo to use the participant's likeness, or image in any way they see fit. Uses include, but are not limited to photography, videotape, or church web site.

I accept these terms. Initials _____ Date _____

LIABILITY -- STUDENT

I have read and understand this form. I certify the above-named student is my child (or under my legal guardianship) and resides with me. I give my consent to him/her to attend and participate in activities, functions and trips sponsored by the First United Methodist Church of Oviedo. I assume all transportation costs, should it be necessary for my child to return home due to medical or disciplinary actions.

I accept these terms. Initials _____ Date _____

LIABILITY -- ADULT

I do hereby release, forever discharge, and agree to hold harmless the First United Methodist Church of Oviedo, its staff, youth leaders, chaperones and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any natures whatsoever which may be incurred while participating in any activity or trip. I assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein by my child. I understand by my signature that this form is both a binding medical and liability release.

I accept these terms. Initials _____ Date _____

**** SIGN ONLY IN THE PRESENCE OF CERTIFIED NOTARY****

Participant Signature _____
Parent Signature (if participant is under 18) _____ (Relationship to Student) _____
Print name _____
Date _____

FOR NOTARY SIGNATURE ONLY

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

Notary Public signature _____

State of _____

My commission expires _____

Print, type or stamp commissioned name of Notary Public:

The above signed is personally known to the Notary Public _____ or produced identification _____

Type of identification produced _____