

Weddington United Methodist Church
MEDICAL AND LIABILITY RELEASE FORM

Name _____ Grade: _____ Gender: _____

Address _____

City _____ Zip _____ Phone _____

In Emergency, notify _____ Phone _____

Doctor _____ Phone _____ City _____

Health History:

Allergies:

_____ Insect Stings
_____ Drugs
_____ Milk
_____ Other Allergies

Other Conditions:

_____ Heart
_____ Diabetes
_____ Chronic asthma
_____ Frequent stomach upsets
_____ Hay fever
_____ Physical handicap
_____ Epilepsy
_____ Frequent colds

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

Name and dosage of any medications that must be taken:

Any activity restrictions: _____ Yes _____ No

What restrictions? _____

Medical Insurance:

Company _____ Policy Number _____

“In the event that I cannot be reached in an emergency, I hereby give my permission to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.”

LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church, its employees, volunteer assistants, or the drivers of the cars/vans/bus liable for damages, losses, or injuries to the person or property undersigned. The parent or guardian also is aware that the travel may be by van, car, and/or bus and that the church has an insurance policy to cover. The parent or guardian understands that they are signing for the minor listed on this form and the signature is both a medical and liability release.

WUMC Behavior Covenant Statement: I understand that my child signed a Behavior Covenant Statement and recognize that his/her failure to comply with the behavior guidelines could result in immediate contact with me for disciplinary action and to make arrangements for their return home at my expense.

Parent or Guardian's Signature _____

Home phone: _____ Work phone: _____ Mobile phone: _____

This release will be kept on file and will be effective until January 1st, 2011. It is the parent or guardian's responsibility to make sure the insurance information is current. Please let us know of any changes when signing up for a retreat or event.