



## Medical and Transportation Release Form Template<sup>1</sup>

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### Family Contact Information

Parent/Guardian Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
.....

Parent/Guardian Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
.....

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<sup>1</sup> Note: This is a template and should be used as a guideline for ministry. Verbiage is offered as a suggestion and example for the consideration of the individual church, organization, or faith community. Persons using this form shall prayerfully review this verbiage alongside their safety policy and in conversation with their board of trustees or comparable governing body.



### Emergency Contact Information

If Parent(s)/Guardian(s) cannot be contacted, name of additional person to contact in case of emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### Medical Information

Are there any special medical needs or allergies? (Specify)

\_\_\_\_\_  
\_\_\_\_\_

Are there any required medications or special foods? (Specify)

\_\_\_\_\_  
\_\_\_\_\_

### Insurance Information

Health Insurance Company: \_\_\_\_\_

Full name of Insured: \_\_\_\_\_

Full name of Primary Cardholder: \_\_\_\_\_

Birthday of Primary Cardholder: \_\_\_\_\_

Policy ID Number: \_\_\_\_\_ Group ID: Number: \_\_\_\_\_

Customer Service Number (back of card): \_\_\_\_\_



## MEDICAL AND TRANSPORTATION RELEASE

### Permission, Consent and Release

I, the undersigned parent or guardian, do hereby attest that all the information on this form concerning \_\_\_\_\_ (insert child name of child) is the most current available for my child (the "Participant"). I give my permission for the Participant to participate in the activities of the Capital District UMC. This includes all sponsored activities on or off the premises of Capital District UMC., including any and all activities involving travel and/or lodging. This permission shall remain in effect until March 2, 2020 no further out than 6 months unless terminated in writing.

I hereby authorize Capital District UMC Midwinter staff to administer the medications as listed above. In order for my child to receive necessary medical treatment from medical staff and/or physicians in a medical clinic or hospital in case of illness or injury, I hereby consent to and authorize the ministry staff to obtain and consent to medical treatment for such illness or injury during the activity or activities of Capital District UMC Midwinter. It is understood that this authorization and consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of the Participant, in my absence, and medical staff to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. This medical consent will remain effective until March 2, 2020 no further out than 6 months.

I understand that any and all medical expenses incurred are my responsibility and that the Participant is not covered by medical insurance provided. I hereby give my permission for the Participant to be transported in any vehicle designated by any ministry leader designated by Capital District UMC Midwinter, and in whose care the Participant has been entrusted while attending and participating in an activity or activities of Capital District UMC Midwinter.

In consideration of Capital District UMC Midwinter here allowing my child to participate in activities referenced above, I agree to release and hold harmless Capital District UMC Midwinter, its officers, agents and/or designated leadership, from any liability to or responsibility for bodily injury, damage or illness to my child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by Capital District UMC Midwinter. Further, I agree to indemnify and hold harmless Capital District UMC Midwinter, its officers, agents and/or designated leadership with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_