

**St. Johns United Methodist Church  
Medical Release and Consent Form**

Form for Participant and/or Parent/s/ Guardian including a Release of Liability and Agreement to Indemnify, Medical Authorizations, and a Publicity Release.

**Participant's Information:**

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

Name You Like to be Called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone#2 \_\_\_\_\_

Parent(s) or Guardian Information: Parent \_\_\_\_\_ Parent(s) Home Phone

Number \_\_\_\_\_ Parent Email

Address \_\_\_\_\_

Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Other Authorized Person for Contact (Adult):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Information:**

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Health Insurance Information**-Fill in Information below and attach a copy of the front and back of your insurance card.

Health Insurance Company \_\_\_\_\_ Policy

# \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

**Health Information:**

Allergies \_\_\_\_\_

Recent Illness or \_\_\_\_\_

Injuries \_\_\_\_\_

Authorized \_\_\_\_\_

Medication \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Booster \_\_\_\_\_

(All participants MUST have a current tetanus inoculation within the past 10 years) List any other

HealthConditions \_\_\_\_\_

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I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,

**Authorize the leaders of St. John’s UMC to act as my agent to consent to emergency transportation, examination, X-Ray, anesthesia, injection, medical, dental, or surgical diagnosis or treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where the services are rendered, either at a doctor’s office, clinic or hospital. Should there be no representative of St. John’s UMC available, I give permission to the attending physician to treat my minor child. I understand that every attempt will be made to contact the parent or guardian in the event of an emergency. I, therefore, assume all responsibility for the decision so made, and the emergency care of treatment so secured for my child. I further release St. John’s UMC, it’s staff, and any other leaders from responsibility and liability for any injury or illness that my child may sustain during the event or transportation involving the event, whether caused by the negligence or otherwise of the leaders or representatives of St. Johns UMC, except that which is the result of willful wanton misconduct. I understand that payment is due at the time of treatment and I agree to repay St. Johns UMC for any payments they make on behalf of my child.**

**Publicity Release :In consideration for the participant being allowed to attend and participate in this activity, I authorize St. Johns to record the participant’s and voice on or in photographs, films, audiotapes, and or videotapes and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising and hereby release, discharge, and hold harmless St. Johns from any and all claims and liability for damages, losses, or expenses of any sort relating to the recordings.**

**I have carefully read this document and fully understand its contents.**

**Participant’s Signature** \_\_\_\_\_

**Parent (s)/Guardian Signature** \_\_\_\_\_

**Printed Name of Parent/ Guardian** \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY THE PARENT(S)/GUARDIAN IF THE PARTICIPANT IS A MINOR.**

In compliance with St. Johns Safe Sanctuary Policy, Dec. 2008.