

Mississippi United Methodist Conference Consent/Health/Release Form

Student Info:

Full Name _____

Date of Birth _____ Home Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

Additional Parent/Guardian Info: You will be contacted at the time of any incident deemed necessary.

Name _____ Contact/Cell Phone _____

Name _____ Contact/Cell Phone _____

Person to be contacted in an emergency if parent cannot be reached:

Name _____ Phone Number _____ Relationship _____

Insurance Information:

Insurance company _____ Phone # _____

Subscriber Name _____ Subscriber number _____

Group Name _____ Group Number _____

Medical Information:

Doctor's Name _____ Phone Number _____

Known allergies or medical allergies of participant _____

Medications being taken _____

Physical handicaps or restrictions _____

Date of last Tetanus Shot _____

Permission to be photographed/videoed:

I hereby grant permission to the MS United Methodist Conference to record the image of said child during youth activities and to use the photographs/videos in audio-visual and printed materials without compensation or approval rights.

Parent/Guardian Initial _____ Participant Initial _____

Consent of care and Liability release:

I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of named above, a minor, and have given our consent for him/her to attend any and all events associated with the Mississippi United Methodist Conference. In the event that he/she is injured while attending these events and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize the lead adult of our group, or a member/leader of the Mississippi United Methodist Conference, to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed above, or because of an emergency, there is not time or opportunity to make a telephone call until action has been taken.

In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Further, I/we affirm that the information provided above is accurate and complete to the best of my/our knowledge.

Finally, I/we hereby agree to indemnify and hold harmless the Mississippi Conference of the United Methodist Church and _____, its Board of Trustees, its officers, employees and staff, (camping facility) from any liability as a result of either intentional acts or negligence, or failures to act on the part of any of the above named entities or persons as a result of the use of the premises while participating in any activities.

Signature _____ Date _____