

FIRST United Methodist Church PLANO

www.FirstMethodistPlano.org

FIRST UNITED METHODIST CHURCH PLANO EVENT CONSENT FORM

I, the undersigned, acknowledge that, during the event in which I voluntarily wish to participate, certain risks and dangers are present due to the very nature of the activities. I understand that any activity involving physical play, height, motion or dependence upon other people can result in unintentional injury. I also understand the following types of activities may be offered at First United Methodist Church - Plano:

All Youth Group activities both on and off campus

I certify that I am fully capable and fit to participate in these activities. Therefore, I assume and accept full responsibility for bodily injury, loss of personal property and any expenses, which may be incurred by me or any minor children in my care resulting from those inherent risks and dangers that are associated with the type of activities listed above.

I have read, understand and agree to the above and so evidence by my signature below.*

Print Name: _____

Age: _____

Date: _____

Signature: _____

As parent or guardian, I give permission for my child to participate in all activities that may be included in all events unless I note otherwise on this form.

I authorize First UMC of Plano to use photography of my child(ren) for church publicity.

Participant's Parent or Guardian (if participant is under the age of 18)

****If this form is not completed and signed by the participant and their legal guardian, the participant will not be permitted to engage in any activities conducted by First United Methodist Church - Plano or any other activities where permission and acknowledgement of risk would reasonably be sought.***

U/PUBLIC/FORMS/Event Consent Form

First United Methodist Plano, Texas

SPECIAL EVENTS RELEASE FORM

(PLEASE PRINT CLEARLY)

Parent/Legal Guardian Name: _____

Social Security Number of Insured Parent: _____

Insurance Carrier: _____

Policy Number: _____ Phone Number: _____

Parent/Guardian Work Phone #1: _____ Cell Phone: _____ Home: _____

Parent/Guardian Work Phone #2: _____ Cell Phone: _____ Home: _____

Additional Emergency Contacts:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

MEDICAL RELEASE AUTHORIZATION

I, _____, the parent and/or legal guardian of _____, do hereby grant my permission for the staff and/or duly appointed representatives of First United Methodist Church of Plano, Texas, to seek medical treatment for my child in the case of an emergency or injury. This permission includes, and is not limited to, the right to authorize emergency medical treatment for my child in the event of a life or death situation.

Participant's Name: _____ Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Swimming Ability: Poor Fair Good Excellent

Allergies (Please list ALL): Food: _____

Medications: _____

Other: _____

Prescription Medication to be taken on trip (all medication must be sent in original prescription container):

MEDICATION	DOSAGE	WHEN TAKEN	DOCTOR

Please list family doctor (first blank) and all doctors who have prescribed above medications:

Doctor: _____ Phone: _____ Doctor: _____ Phone: _____

Doctor: _____ Phone: _____ Doctor: _____ Phone: _____

Are there any other medical conditions that the staff should be aware of: _____

Parent/Guardian Signature _____ Date _____

Sworn to and subscribed before me in _____, Texas, this _____ day of _____, 20____.

Notary Public in and for the County of _____, Texas.