

**2009 - 2010 Hollywood Hills UMC
MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY**

In the event of any emergency, illness or accident, the counselor will contact parents/guardians at the earliest possible moment. However, as contact cannot always be made immediately, we need medical information and emergency permission granted, signed and notarized.

PERSONAL AND MEDICAL INFORMATION

Child's Name: _____ Grade: _____ Date of Birth: _____

Home Address: _____

City, State and Zip Code: _____

Home Phone: _____ Email: _____

Mom's Cell No.: _____ Mom's Work No: _____

Dad's Cell No: _____ Dad's Work No: _____

Name of child's Doctor: _____

Doctor's Phone No.: _____

PERSON (OTHER THAN PARENTS) TO NOTIFY IN THE EVENT OF AN EMERGENCY:

Name: _____ Phone No: _____

Does your child suffer from allergies to any of the following? If yes, please explain.

Foods: _____ Medicines: _____

Plants: _____ Insect Bites: _____

Does your child take any medications on a regular basis? (Check one) Yes No

If yes, what medications? _____

Please list any other medical conditions we should be aware of: _____

Counselors may give my child the following over-the-counter medication as may be needed.
(YES or NO) Aspirin Tylenol Advil

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

I understand that my child will be participating in a number of activities for the calendar year 20____, which may carry with them a certain degree of risk. Some of the activities might be swimming, boating, hiking, camping, field trips, sports, and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's activities:

____ I represent that my child is physically fit and has the necessary skills to safely participate in these activities.

____ I represent that my child has restrictions on the following particular activities:

____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

____ I will notify the church if I feel there are any other health considerations that would prevent my child participation in any of the activities listed above.

INSURANCE INFORMATION

Do you currently have health insurance? (Check one) ___ Yes ___ No

If yes, name of insurance: _____ Policy No: _____
Please provide a copy of front and back of your insurance card.

**AUTHORIZATION FOR MEDICAL TREATMENT
AND RELEASE OF LIABILITY**

I, _____, being the parent/guardian of the aforementioned child, hereby give permission for my child to receive any necessary medication, emergency hospitalization, surgery, or treatment recommended by a doctor, should my child suffer from any illness or accident requiring medication, emergency hospitalization, surgery or treatment while at a Hollywood Hills UMC event. I understand that the counselor will contact me at the earliest possible moment to advise me of my child's condition. I will pay for any medical expenses so incurred.

My child has my permission to attend Hollywood Hills UMC events and I will not hold the church, staff or chaperones responsible for any injury incurred by him/her.

BY SIGNING BELOW I ACKNOWLEDGE:

That *I give permission* for my child to be photographed and understand that the photos may be used in church media (including our website) to demonstrate and promote church activities.

Print Name: _____
Signature of Parent/Guardian: _____

Date: _____

STATE OF FLORIDA
COUNTY OF BROWARD

SWORN TO AND SUBSCRIBED before me this ____ day of _____ 20____
by _____, who is personally know to me or who has provided identification.

NOTARY PUBLIC
____ Personally known to me
____ Provided Identification
Type of ID provided

