



# **Friendship United Methodist Church**

## **Parent Permission Slip / Release Form**

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Event name Friendship UMYF Activities Event Dates School Year 2007-2008

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Core Group Leader James Harrington

Address \_\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### **Authorization of Consent to Treatment of Minor**

I (We), the undersigned, parent(s) of \_\_\_\_\_ a minor, do hereby authorize the youth ministry leaders, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

### **Release of Friendship United Methodist Church:**

\_\_\_\_\_ (Parent's name) shall indemnify, hold free and harmless, assume liability for, and defend *Friendship United Methodist Church*, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which *Friendship United Methodist Church*, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_ (child's name) use of real or personal property belonging to *Friendship United Methodist Church*, its agents, servants, employees, officers, and directors, or by action of omission by \_\_\_\_\_ (child's name).

Parent \_\_\_\_\_ (signature) Date \_\_\_\_\_

Parent \_\_\_\_\_ (signature) Date \_\_\_\_\_

**Medical Information:**

Legal Guardian \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone/Beeper (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

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

Medications? \_\_\_\_\_

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

Allergies? \_\_\_\_\_

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

Contact Lenses? \_\_\_\_\_

Other \_\_\_\_\_

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