

**Soapstone UMC Family Ministries
Medical Release and Contact Form**

FOR OFFICE USE

YEAR _____

LAST NAME _____

Participant Name(s) 1. _____ Birthdate _____ Cell # _____

2. _____ Birthdate _____ Cell # _____

3. _____ Birthdate _____ Cell # _____

Street Address _____ City _____ State _____ Zip _____

Emergency Information

Contact Name (other than parent)

_____ Cell _____ Email _____

Insurance Company _____

Group & Policy Numbers _____

List any dietary needs or allergies to any medications, food, animals, etc. _____

List any medical conditions or restrictions. _____

List type and dosage of medication. _____

Please list any other medical information we should know on an attached sheet.

Student Information

Parent 1 Name _____

Email _____

Cell Phone _____

Parent 2 Name _____

Email _____

Cell Phone _____

1. School _____ Grade _____ Track _____

Email _____ T-Shirt Size _____

2. School _____ Grade _____ Track _____

Email _____ T-Shirt Size _____

3. School _____ Grade _____ Track _____

Email _____ T-Shirt Size _____

Please read the following and sign below:

I hereby grant permission for my child to participate in the events and activities sponsored or attended by Soapstone United Methodist Church ("SUMC"). SUMC is hereby authorized to furnish transportation, food and/or lodging to my child during such events and activities.

I understand reasonable safety precautions will be taken by SUMC and its agents, leaders, employees and volunteers (together, the "SUMC Parties"). However, I understand that unforeseen hazards may arise and inherent risk exists. Therefore, to enable my child to participate in SUMC events and activities, I agree not to hold the SUMC Parties liable for any injury to person or property that I or my child may sustain in connection with said participation. I, on behalf of myself and my child, assume all risk of personal injury, sickness, death, damage and expense that may be incurred as a result of or in connection with my child's participation in SUMC events and activities. I covenant and agree not to sue the SUMC Parties for damages or other relief in relation to my child's participation in SUMC events and activities. I will defend and indemnify the SUMC Parties against any claim brought by or on behalf of any party, including but not limited to my child, for damages or other relief in relation to our/my child's participation in SUMC events and activities.

I understand that in the event my child may need medical or dental treatment or services, reasonable attempts will be made to contact the persons listed on this form. In the event the listed contacts cannot be reached in an emergency, I hereby give permission to a licensed physician or dentist at a facility selected by the event or activity leader to secure medical or dental treatment or services for my child, including but not limited to examinations, injections, x-rays, anesthesia and surgery, consistent with recommendations of the medical or dental professional, and using the insurance identified on this form. I am aware that I will be billed by the medical or dental provider for any expenses not covered by said insurance, and agree to be financially responsible for the payment of any such medical or dental bills.

I approve the use of photographs taken during youth events that include my child to be displayed on the church website and social media. Should it become necessary, in the discretion of the event or activity leader, for my child to return home for medical, disciplinary or other reasons, I agree to be responsible for all transportation costs.

I have read this authorization and agree in full with its terms.

Parent/Guardian 1

Signature: _____

Printed Name: _____

Date: _____

Parent/Guardian 2

Signature: _____

Printed Name: _____

Date: _____