

Community United Methodist Church  
309 College Ave. Fruitland Park, FL 34731

**MEDICAL RELEASE AND PERMISSION FORM**

*(Required prior to participation in any church-related trip or activity)*

**STUDENT'S FULL NAME:** \_\_\_\_\_  
(Last) (First) (MI)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Student's Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

**STUDENT'S MEDICAL HISTORY:**

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

\*Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy / Group # : \_\_\_\_\_

Regular Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insured (parent/guardian): \_\_\_\_\_

**\*Please attach a copy of your insurance card**

**PARENT/LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person (other than parent or guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PERMISSION/HOLD HARMLESS FORM:**

As the custodial parent or legal guardian of the student named above, I am aware of the involvement and participation of this student in activities at and excursions with Community United Methodist Church groups, staff, and adult chaperones. I request and authorize the staff and adult chaperones of Community UMC to exercise temporary custody and care of this, my minor child, while on church-related events.

During such time as my child is in the care of the staff and/or adult chaperones, and in the event that my child shall need medical treatment or care, including, but not limited to emergency surgery, hospitalization, or other emergency or non-emergency medical care, I hereby authorize and consent to such medical treatment and care that may be deemed necessary for my child, at my expense.

I shall be responsible for any and all costs or expenses of providing such care and treatment for my child, and shall reimburse, indemnify, and hold harmless Community United Methodist Church, its staff and adult chaperones from same.

I further understand that it is solely my responsibility to provide the church with an updated MEDICAL RELEASE AND PERMISSION FORM if any changes occur in the information provided above. I understand that this form will remain on file at the church to be used for all events in which my child participates.

**BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED:**

Print Name: \_\_\_\_\_

Sworn to and subscribed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Parent / Legal Guardian: \_\_\_\_\_

Signature of Notary \_\_\_\_\_

NOTARY PUBLIC, STATE OF FLORIDA, COUNTY OF LAKE

NOTARY SEAL