

Smyrna First United Methodist Church

1315 Concord Road, Smyrna, GA 30080

770-436-4108

Student Name _____ DOB _____ Grade-Fall 2018 _____

Address _____ City/State _____ Zip _____

Insurance Co. _____ Subscriber Name _____

ID# _____ Group # _____

Precertification/Preauthorization Phone _____ Primary Care Physician _____

Custody issues? _____ School _____ T-Shirt size _____ Gender _____

Home Phone _____ Parent/Guardian Names _____

Mother Work Phone _____ Father Work Phone _____

Mother Cell Phone _____ Father Cell Phone _____

Parent/Guardian Email: _____

Student Cell Phone _____ Student Email _____

Emergency Contacts: (Used only if the designated parents/legal guardian above cannot be reached)

1. Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

2. Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Medical History: Such as asthma, allergies to medicines/food/animals/etc., health conditions, past surgery, etc.

Medications:

My Minor Child: IS NOT IS currently taking prescription or over-the-counter medications.

Include ALL prescription and over-the-counter medicines the participant takes. All medicines must be in the original labeled containers.

List any medications requiring refrigeration _____

Other Information: What else should we know? (Medically diagnosed diets {IBS, Celiac, etc.}; sleepwalking, learning/special needs, etc). In cases of ADD/ADHD diagnoses, please provide behavior modification plans for us to follow.

If this information changes over the next year, please complete a new form.

Full Name of Student _____

Release of Liability

By signing this medical consent and liability form, I expressly warrant that this child named above am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child’s or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities, programs, and trips or as a result of injury or illness of my child during such activities from **August 1, 2018 through July 31, 2019.**

Functions & Activities

I give my permission for my above named child to participate and be photographed in all activities, programs, and trips sponsored by Smyrna First United Methodist Church from **August 1, 2018 through July 31, 2019.** Prior to the participation of my child, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

First Aid & Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I authorize an adult, in whose care my child have been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. **In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.**

Parent of Minor under 18 years of age

I represent that I am the parent/legal guardian of the child listed above, who is under 18 years of age. I have read the above Medical Consent & Liability Release Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this church as described above. I hereby consent to the Medical Consent and Liability Release Form, including the Release of Liability above, on behalf of the child, and agree that this Medical Consent and Liability Release Form shall be binding upon me and my estate.

Print Name of Parent/Legal Guardian _____

Don't sign until you are with a Notary.

Signature of Parent/Legal Guardian _____ Date _____

Witness Signature Certificate

State of Georgia County of _____ Signed or attested before me on _____ Date _____

by _____
Printed name(s) of individual(s) signing document

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

____ Personally Known _____ Produced Identification Type of ID _____

Signature of notary public Name of notary, typed, stamped or printed)

Notary Public State of Georgia

My commission expires: _____

Stamp/Seal