

Highland Park United Methodist Church
Confirmation Pool Party & Cookout – August 24, 2014
MEDICAL & LIABILITY RELEASE (CHURCH)

Name of Student _____

Date of Birth _____

Address _____

City _____ ZIP _____

Home Phone (____) _____

Allergies (including food allergies) _____

Medications taken: _____

Activity: **Confirmation Cookout & Pool Party**

Date: **August 24, 2014**

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed medically necessary.

I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed.

I agree to allow the identified student to participate in the activity identified above and understand all reasonable safety precautions will be taken at all time by (Church) and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold (Church), its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred as a result of the student's participation in this activity.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

**PLEASE REMEMBER TO PROVIDE THE INFORMATION REQUESTED ON PAGE 2
OF THIS FORM**

EMERGENCY CONTACT PERSON

NAME _____

Address (if different from student) _____

Home Phone _____

Work Phone _____

Cell Phone _____

ALTERNATE CONTACT PERSON

NAME _____

Home Phone _____

Work Phone _____

Cell Phone _____