

FIRST UNITED METHODIST CHURCH
AUTHORIZATION AND RELEASE FORM

Today's Date: _____

Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Social Security #: _____ Sex: _____ Age: _____ Birthdate: _____

Father: _____ Phone:(work) _____ (home) _____ (cell) _____

Mother: _____ Phone:(work) _____ (home) _____ (cell) _____

Other emergency contact name and number: _____

Family Doctor: _____ Phone #: _____

Known Allergies: _____ Blood Type: _____

Date of last tetanus shot: _____

List ALL health restrictions (i.e. allergies, medications):

List ALL- medications to be taken and times to be taken (please send in original containers):

Physical limitations: _____

Medical Insurance Co.: _____ Policy #: _____

Main Carrier's Name: _____ Social Security #: _____ Date of Birth: _____

COVENANT OF CONDUCT

In all meetings, retreats, or other events under the sponsorship and/or guidance of my church I am a representative of the Christian community and I am responsible for my actions. I understand that the following guidelines will be followed:

- 1) All conduct shall be in keeping with the highest Christian regard and respect for all persons.
- 2) All individuals will be expected to participate in all group activities.
- 3) All dress shall be in good taste.
- 4) The area used for the meeting, retreat or other event shall be left clean.
- 5) The illegal use of drugs and the use or possession of alcoholic beverages shall be prohibited.
- 6) My conduct shall be appropriate so that by my manner, language, attitude, service and my respect to others that people will see Christ through me.

I have read and understand the Covenant of Conduct above, and will abide by it.

Signature of Participant (Student) _____

Signature of Parent _____

Please see
back of sheet

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY

To whom it may concern: _____ has my/our permission to go on retreats, trips and other offsite events in conjunction with the Youth Ministry of First United Methodist Church of Fort Smith. Please seek any medical assistance needed while he/she is with this group. We,

_____, parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with youth from First United Methodist Church of Fort Smith, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also agree to pay for all charges associated with the care of my child. I knowingly release, absolve, indemnify and hold harmless First United Methodist Church of Fort Smith and it's agents and employees from all claims that might result from any injury or death of any minor.

I/We have read and understand the above document. By signing this document we hereby release First United Methodist Church of Fort Smith from any and all liability for personal injury or damage to property.

Print Name _____ Date _____

Signature of Parent or Guardian _____

Relationship to Minor _____

Before me, the undersigned authority, on this day personally appeared, _____ known to me to be the person whose name is subscribed above and acknowledged to me that she/he executed the same for the sworn purpose therein expressed.

Sworn and subscribed before me this _____ day of _____ 20 _____

STATE OF ARKANSAS _____

(Notary Public)

In and for _____ County, Arkansas

My Commission Expires: _____

Witness _____

Witness _____