

2021-2022 Children's Ministries Emergency Release



I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the child listed below, a minor, and have given consent for him/her to participate in the Children's Ministries at Fairhope United Methodist Church. In the event that he/she is injured attending any event of this ministry and requires attention of a doctor, I/we consent for such medical treatment and/or surgery to be given and performed to and upon my child as appear to be reasonably necessary in the exercise of prudent medical judgement of a licensed doctor of medicine (i.e. M.D.). In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize Michelle Graham, Director of Children's Ministries, and/or other representatives of

Fairhope United Methodist Church to give such consent for me/us if I/we cannot be reached by telephone at one of the numbers below, or, because of emergency, there is not time or opportunity to make a telephone call and understand that I will be contacted as soon as possible. In the event it becomes necessary for that person to give consent for me/us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent so as the treatment is administered by or under the supervision of a licensed physician. In this regard, it is understood that any medical, hospital and/or surgical expenses which may be incurred as a result of treatment recommended by any such doctor will be borne by me/us. Further, I/we affirm that all information on this form is current and accurate.

Print Name of Parent or Guardian

Signature of Parent or Guardian

CHILD INFORMATION

Name: _____ DOB: ____ / ____ / ____
MM DD YYYY

Age: _____

2021-2022 School Year Grade: _____ School Attending: _____

Known Allergies: _____ Approx. Date of Last Tetanus Shot: _____

Medications now taking: _____

Permission to give Tylenol: Yes | No Advil: Yes | No

Chronic Medical Conditions: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

PARENT INFORMATION

Parents' or Legal Guardian's Full Name: _____

Address: _____

Mother's Contact Information: Email: _____

Home: _____ Cell: _____ Work: _____

Father's Contact Information: Email: _____

Home: _____ Cell: _____ Work: _____

Health Insurance Coverage: _____ Policy Number: _____

Person to contact in case of emergency if parent cannot be reached:

Name: _____ Phone: _____ Relationship: _____

I give permission for my child's picture to be taken for use in Fairhope United Methodist Church's printed materials, website, social media; local newspapers, etc. Yes | No

STATE OF ALABAMA
COUNTY OF BALDWIN

SUBSCRIBED and SWORN TO before me on this _____ day of _____, 20 _____

NOTARY PUBLIC _____

This form will expire on June 1, 2022. At that time, a new form will need to be completed and notarized.