

FOUNTAIN CITY UNITED METHODIST CHURCH  
**EMERGENCY MEDICAL RELEASE AND LIABILITY WAIVER**

**NOTE: ATTACH A COPY OF YOUR INSURANCE CARD. FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**

Name of Participant: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Phone #'s: Mother (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Father (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_ Dentist Phone #: \_\_\_\_\_  
Date of Last Tetanus Vaccine: \_\_\_\_\_

Medical/Food Allergies: \_\_\_\_\_

Special Needs or Conditions: \_\_\_\_\_

Medications Currently Being Taken: \_\_\_\_\_

I, the parent or legal guardian of the youth listed above, assume all responsibility of participation in recreation and work activities involved in this and all events, and we do hereby release, forever discharge and agree to hold harmless Fountain City United Methodist Church, the Church Staff, and adult persons of Fountain City UMC from any and all liability which may result from personal injury, sickness or death. We the undersigned parent/guardian, authorize permission for the above youth to attend events and programming sponsored by Fountain City UMC. We authorize any adult counselor to consent to any x-ray, medical, surgical or dental treatment and hospital care. I agree to assume financial responsibility for any medical treatment or medications needed.

\_\_\_\_\_  
Parent/Guardian Signature Date

**THIS FORM MUST BE NOTARIZED**

Personally appeared before me, \_\_\_\_\_, a Notary Public of \_\_\_\_\_  
County in the state of \_\_\_\_\_, the person whose signature appears above and  
with whom I am personally acquainted and acknowledge that he/she executed the within instrument  
for the purposes therein contained.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public Commission Expires

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