First United Methodist Church Carlsbad

Carlsbad, NM **P.O. Box 626** **Fax No. 575-885-9914**

Authorization and Release Form

Event: Jan. 2010 to Dec. 2010

Name _____ ___ _____
First M.I. Last

Sex:_____ Age:_____ Birthday:_____

Address:_____ City:_____ State:_____

Zip:_____

Name of Parents (or Guardians)_____

Please List any health or physical restrictions (drug allergies, etc…)

_____
_____
_____

Medical Insurance:_____ Policy #_____

Phone Number where parent or guardian can be reached:

Day:_____ Night:_____

To whom it may concern:_____, has my permission to go on and participate in the above mentioned trip or event. I give authorization to seek medical assistance needed while he/she is with the youth group on this trip.

I/We _____ parent(s) or guardian(s) of _____, a minor do hereby authorize the Youth Minister or Adult volunteers with the Youth of FUMC Carlsbad as agents for the 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 Medical Practice Act and on the medical staff of a licensed hospital, whether such diagnosis is rendered at the office of said physician or at said hospital.

I/We have read and understood the above document. By signing this document I/We hereby release FUMC Carlsbad from and all liability for personal injury or damage to property.

_____ _____

Parent or Guardian Date