

Student's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

**Medical Release and Other Release**

If a serious emergency arises, it might be necessary for a physician to attend your child before FUMC staff can contact you. The AUTHORIZATION FOR MEDICAL TREATMENT AND TRANSPORTATION statement below must be signed if your child is to attend the Sunday School on the GO trips.

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Subscriber Insurance Carrier Policy

# \_\_\_\_\_

Does your child have medical history that FUMC should be aware of?

If yes, please describe here. Please include food and other allergies:

**AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby authorize that the FUMC staff may provide medical or surgical care for any emergency that may occur while my child is in attendance at Sunday School on the GO trip. In the event of an emergency, my child has permission to be transported by FUMC staff or an authorized parent.

\_\_\_\_\_  
(Parent/Guardian) Signature      Date

**PHOTO RELEASE**

I give permission for my child to be photographed or videotaped for the development of educational materials, or reporting on events of church interest. I fully relinquish my right or interest in any film, tape, or photograph which may be used for any legitimate purpose.

\_\_\_\_\_  
(Parent/Guardian) Signature      Date