

SHEPHERD OF THE HILLS UNITED METHODIST CHURCH
Waiver and Emergency Medical Information for Minors

2017

Child's Name (please print) _____ Date of Birth _____ Gender _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

I the undersigned parent, or legal guardian of _____, a minor, recognize that there may be occasions where my child may be in need of first aid or emergency medical treatment as a result of an accident, illness, injury or other health condition. I do hereby give permission for Shepherd of the Hills United Methodist Church (SOTHUMC), its ministers, leaders, employees, volunteers, and agents to seek and secure any medical attention and/or treatment for my children, including, but not limited to hospitalization, if the need arises. I give permission for attending physicians and other medical personnel to administer any needed medical attention and/or treatment to my child. I further agree to be responsible for and pay, either through my insurance provider or individually, all fees and costs arising from any medical attention and/or medical treatment provided for my child.

By signing this form, I fully and forever absolve and release SOTHUMC its members, officers, agents, employees, successors and assigns, and each of them, of and from any and all responsibility, liability, or both, for any and all injuries, damages, or both, sustained by our son/daughter while participating in any planned activity of the SOTHUMC in connection with any activity, but shall apply to all other bases of liability.

Health Insurance Information

Insurance Company: _____ Policy # _____

Insurance Company Phone Number: _____ Date of Last Tetanus Shot: _____

Medical Doctor Name: _____ Phone Number: _____

Medications Child is currently taking _____

Food Allergies: _____ EPI-Pen provided: YES/NO

Drug/Other Allergies: _____

Special Dietary Needs: _____

Other information we should know about your child: _____

Emergency Contacts

Name: _____ Cell Phone: _____ Relationship: _____

Name: _____ Cell Phone: _____ Relationship: _____

Do you GIVE permission for the capture and use of images of your child, during the programs and activities of SOTHUMC including, but not limited to video, still photo, digital imaging or other such means? YES NO

By signing this form, I give permission for said child to participate in all activities and programs at SOTHUMC. I hereby consent to this form and am fully familiar with contents thereof.

(Signature of parent or legal guardian)

(Date)