

Permission Slip

Medical/Liability Release Form for the year 2008

East Mt. Zion United Methodist Church 17572 CR 7, Findlay, OH 45840

Student's Full Legal Name _____

Address _____ Age _____

City _____ State _____ ZIP _____

Parent/Legal Guardian Name _____

Phone (day) _____ Phone (night) _____

If I cannot be reached, please notify _____ Phone _____

I the undersigned parent/guardian, do hereby authorize an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by E. Mt Zion United Methodist Church. In consideration for being accepted by E. Mt Zion United Methodist Church for participation in student ministry activities during this calendar year, I being 18 years of age or older, do for myself (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless E. Mt Zion United Methodist Church and the directors, employees and agents thereof from any and all liability, claims or demand for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the trips and activities of this calendar year.

Furthermore, I (and on behalf of my child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities therein.

Authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, of any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I am the parent or legal guardian of this participant, and hereby grant my permission for him/her) to participate fully in said trip/activity.

IN WITNESS WHEREOF, I (we) have hereunto set my (our) hands this:

Date : _____ Day of _____, 20_____

I(we) have read the foregoing release and fully understand it:

Signature _____

This release expires at midnight, on 12/31/10

Primary Physician and phone # _____

Known Allergies _____

Special Medications _____

Medical Problems _____

Insurance Policy Name _____

Insurance Policy Number _____