



Children's Ministry of RUMC

735 Pierce Ave Macon, GA 31204

478.746.9688

Medical Permission & Release Form

Child's Name _____ Age _____

Birthdate _____ Grade _____ Male/Female

Address _____ City _____

State _____ Zip Code _____ Email _____

Parent Name _____ Home Phone _____

Work Phone/cell _____

Parent Name _____ Home Phone _____

Work Phone/cell _____

Emergency Contact _____ Phone _____

Other Guardian _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Hospital Insurance ___yes ___ no Policy Number _____

Name of Insurance Company _____

*Please attach a copy of insurance card—if this is an overnight trip

Allergies: Foods _____

Insect Bites _____

Drugs _____

Previous Serious Illness _____

Current Medication _____

Special Diet _____

I (we) hereby authorize RUMC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by RUMC and Riverside Children's Ministries.

I (we) hereby authorize RUMC to transport my (our) child to or from church activities.

I (we) hereby authorize RUMC to include my (our) child in supervised water activities.

I (we) hereby authorize RUMC and its acting leaders to teach and lead my (our) child in religious lessons and services, which may include prayer and Bible teaching.

I (we) hereby authorize any 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 licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital in event parents cannot be reached.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of emergency in which the before named physician cannot respond.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to their authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless RUMC and the directors thereof from any and all liability, claims, or damages 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 child-participant that occur while said child is participating in any trip or activity with RUMC.

Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further 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 for any liability sustained by said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force throughout 2010-11 and in effect until written notice of revocation or withdrawal is received by RUMC at its office at 735 Pierce Ave Macon, GA 31204. It is the responsibility of the parent/guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed above.

Parent's Signature

Date