

First United Methodist Church of Mountain Home

605 W. 6th Street; Mountain Home, Arkansas 72653

If you are under the age of 18, please have your parents or legal guardian fill out the following.

LIABILITY RELEASE/CONSENT TO TRAVEL

I _____ being the parent or legal guardian of _____, a minor of _____ years of age, consent and agree that said child may travel with First United Methodist Church of Mountain Home, on trips sponsored by First United Methodist Church of Mountain Home, from **September 1, 2011** through **September 1, 2012**; and I hereby release the assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by said child during the course of said trip.

MEDICAL RELEASE

I _____ being the parent or legal guardian of _____, do further give my consent for the director or properly appointed staff member of Harrison First United Methodist Church to secure the administration of medical treatment or medication for the above named child, from **September 1, 2011** through **September 1, 2012**; and I do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for our child.

PARTICIPANT INFORMATION

Name of Participant: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Birthday: _____ Sex: _____
Physician's Name and Phone #: _____

INSURANCE INFORMATION

Company: _____ Effective date: _____
Group #: _____ Member ID: _____

Emergency Notification

Name: _____
Home Phone: _____
Work Phone: _____

Alternate Contact

Name: _____
Home Phone: _____
Work Phone: _____

Health History

Allergies

<input type="checkbox"/> Drugs	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Emotional Handicap
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Mental Handicap
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chronic Asthma	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Physical Handicap

Date of Last Tetanus Shot: _____

If you have checked any of the above, please give details

Activity Restrictions: _____

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by Harrison First United Methodist Church to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. (Use back of form for any expatiations). In case of an accident, I will not hold Harrison First United Methodist Church or staff responsible.

Signature: _____ Date: _____

(parent or legal guardian if registrant is a minor)

This document will be kept by FUMC Mountain Home youth staff and volunteers on all Youth Events. It is the parent(s) or legal guardian(s) responsibility to provide a new form if there is any new or changed information.