

# MEDICAL RELEASE FORM

## Permission to Authorize Necessary Medical Treatment

In consideration for being accepted by, Pilmoor Memorial United Methodist Church for participation in ANY OVERNIGHT ACTIVITY OR ONE IN WHICH PARTICIPANTS WILL BE TRANSPORTED MORE THAN 50 MILES (ONE WAY) we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) hereby empower representatives of Pilmoor Memorial United Methodist Church to authorize appropriate emergency medical care and/or treatment, including emergency medical transportation to certified and licensed medical facilities and/or providers for any accident, injury or illness that may occur while traveling with the group. This authorization is given with the understanding that every effort will be made to contact immediate family, or me (us) as parent(s) or legal guardian(s) in the case of a child under 21 years of age. This authorization will be in effect until such time as contact has been established between medical personnel and my (our) immediate family or ourselves if child-participant is under 21. This authorization is intended for emergency situations when contact with immediate family or parents is not immediately available. The decisions of immediate family, once contacted, shall supersede this agreement.

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

*(If the participant has not attained the age of 21 years);*

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in group activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Type or Print Name of Participant	Only participant need sign if 21 years of age or older. If under 21, <b>both parents</b> must sign unless parents are separated or divorced, in which case the custodial parent must sign.
Parent's Telephone Number(s)	Father signature
Second Emergency Number	Mother signature
Hospital Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Guardian
Insurance Co.	Participant (if over 21)
Policy/Group Number	
Physician's Name	
Physician's Phone Number	
Medical Conditions, Medications, etc.	

Notary Public \_\_\_\_\_ Date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_