Child's Name_____ School Year: Graduating Class of _____

Child's Birth Date:_____ Child's Grade (if applicable)_____

PARENTAL PERMISSION, RELEASE AND CONSENT TO MEDICAL TREATMENT

PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF EACH PARENT, GUARDIAN OR MANAGING CONSERVATOR TO UPDATE THIS INFORMATION AS THE NEED ARISES.

The undersigned, being the parent, guardian, or managing conservator of

(child's name)_____, such child being under eighteen (18) years of age, does give permission for such child to accompany the group and participate in the activities sponsored by CHRIST UNITED METHODIST CHURCH (hereafter "CUMC") and which may involve either traveling in the church owned bus or in other buses or private vehicles. This authorization shall be effective continuously from the date hereof until canceled by written notice by CUMC.

I have the legal authority to sign this permission, release and consent to medical treatment. I will keep informed of the church sponsored activities for my child. If I do not want my child to accompany the group and participate in any specific church sponsored activity, I will take sole responsibility to see that my child does not attend the activity.

I hereby release CUMC, its staff, employees, drivers, sponsors and helpers from any liability for injury or damages suffered by the above child and agree to release, indemnify and waive any rights by subrogation I may have, and hold harmless CUMC, its staff, employees, drivers, sponsors and helpers for injury or damages to my child.

I can be reached at the following telephone numbers:

Home Phone _____

Dad (Cell)_____ Dad (Work) _____

Mom (Cell)_____ Mom (Work) _____

My child does not have any medical problems or special physical conditions, nor is my child allergic to any medicines to my knowledge, other than the following:

_____

_____

I hereby consent and authorize the adult leader(s) accompanying my child to obtain emergency medical treatment in case of injury or illness upon presentation of this authorization or a photocopy hereof.

Insurance Company: _____

Group Insurance Number: _____

Family Doctor (Name):_____ (Office Phone) _____

(Address)_____(City)_____

_____ _____

Signature of Parent, Guardian or Managing Conservator Date