

**CARY UNITED METHODIST CHURCH
MEDICAL AUTHORIZATION FORM AND PARENTAL PERMISSION FORM**

Event Name: Outing at Main Event in Hoffman Estates, Illinois
Date: Saturday, November 17, 2018 at 4:00pm – 8:00pm

Participant Name: _____ Birth date: _____

I give permission for my child to attend the Cary United Methodist Church event listed above.

Medical Release to Grant Consent

I hereby request and authorize the Cary UMC confirmation staff, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

Contact Phone: _____

Medical Insurance Policy Company: _____

Policy # _____

Physician Name: _____

Phone number: _____

Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

Release of Activity Liability Statement

I hereby release the Cary UMC and Cary UMC confirmation staff and their representatives from the responsibility of any liability involving injury or accident to my child participating in the activity listed above on the given date listed. I as the parent or guardian of the participant listed above, I hereby release Cary UMC from the accident or injury causing circumstances and will accept full responsibility for my child's actions.

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

Emergency Contact:

Name: _____ Phone #: _____