



FIRST UNITED METHODIST CHURCH OF PORT ORANGE
305 DUNLAWTON AVE. PORT ORANGE, FLORIDA 32127
PERMISSION GRANT/EMERGENCY MEDICAL RELEASE AUTHORIZATION
(ALL CHILDREN UNDER 18)

(If Applicable) I give consent for the child below to attend (trip) _____, on
(dates) _____. I also give consent for the group leader(s) named below and or qualified medical personal to act on my
behalf in securing and administering necessary emergency medical care treatment for:

PLEASE TYPE OR PRINT NEATLY

Child's Full Legal Name (include middle): _____ Age: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ Grade: _____

Group Leader(s): _____

Name of Parents or Legal Guardians: _____ Relationship: _____

Address: _____ City: _____, Florida Zip Code: _____

Phone Numbers where I may be reached: Home _____ ; Work _____ ; Cell _____

INSURANCE AND MEDICAL INFORMATION

Insurance Company (I.C.) : _____ Policy #: _____

I.C. Address: _____ I.C. Phone # _____ Insurer's Social Security # _____ - _____ - _____

Parents/Guardian's Employer: _____ Parent's/Guardian's Work Address _____

Child's Allergies: _____ Last Tetanus or DPT.: _____

Medications/Medical History: _____

____ () My child has no insurance. If so, parent Name, Social Security Number, and Address is mandatory for hospital release.

Name: _____ SS#: _____ - _____ - _____ Address: _____

I give permission for your child to be administered age appropriate doses of Tylenol or Advil for minor injuries or headaches? Initial Here _____

RELEASE OF LIABILITY

Participant (and participant's parent(s)/guardian(s), if applicable) hereby acknowledge and understand that voluntary participation in First United
Methodist Church of Port Orange (FUMCPO) activities involves the risk of injury or illness. These risks and dangers may be caused by the
negligence of the participant or the negligence of others. By participating in such activities, participant (and participant's parent(s)/guardian(s), if
applicable) expressly assume all the risk, consequences and liability related to this activity.

Participant (and participant's parent(s)/guardian(s) if applicable) hereby release, forever discharge and hold harmless FUMCPO and the Florida
Annual Conference of the United Methodist Church, it's officers and directors, employees, agents and volunteers from all actions, causes of action,
injuries, claims, negligence, costs or expenses, arising out of or related to any such activities.

PHOTO RELEASE OPTION

I hereby consent for above participant to be photographed while participating in FUMCPO functions. The term "photograph" includes video or still
photography, in digital or any other format, and any other means of recording or reproducing images. I hereby authorize the use or disclosure of the
photograph(s) for the following uses or purposes of marketing, publications, news media, and charitable purposes. Initial Here Yes _____

Signature of Parent or Guardian: _____
(Sign in accompaniment of Notary)

STATE OF FLORIDA / COUNTY OF VOLUSIA

The Foregoing instrument was acknowledged before me this _____ day of _____, year _____.

by _____ Personally Known _____ Produced Identification _____
(check one)

Type of ID _____

NOTARY SIGNATURE

NOTARY STAMP

THIS DOCUMENT IS VALID FOR ONE YEAR FROM NOTARIZED DATE