Good News United Methodist Church

1610 E. New Hope Road ~ Leander, Texas 78641 ~ 512-260-6469

MEDICAL RELEASE FORM AND PERMISSION FORM

(Required prior to participation in any church-related trip or activity)

	(Last)	(First)		(MI)
Birthdate: /	<u> </u>	,		` '
R'S MEDICAL HISTO				
Date of Last Tetani	us Shot:	Other medical c	oncerns:	
	FORMATION			
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Ina			Pnone:	
Insurance Compan	•			
Policy / Group #:	-			
Policy / Group #: Regular Physician's	s Name:		Phone:	
Policy / Group #: Regular Physician's	s Name:		Phone:	
Policy / Group #: Regular Physician's Primary insured (pa	s Name: arent / guardian):		Phone:	
Policy / Group #: Regular Physician's Primary insured (pa	s Name: arent / guardian): DIAN / EMERGE	NCY INFORMATION:	Phone:	
Policy / Group #: Regular Physician's Primary insured (pa ENT / LEGAL GAURE Name:	s Name: arent / guardian): DIAN / EMERGE	NCY INFORMATION:	Phone:_	
Policy / Group #: Regular Physician's Primary insured (pa ENT / LEGAL GAURE Name:_ Relationship to Min	s Name: arent / guardian): DIAN / EMERGE	NCY INFORMATION:E-Mail A	Phone: ddress:	
Policy / Group #: Regular Physician's Primary insured (pa ENT / LEGAL GAURE Name: Relationship to Min Mailing Address:	s Name: arent / guardian): DIAN / EMERGE	NCY INFORMATION: E-Mail A	Phone: ddress:	Zip
Policy / Group #: Regular Physician's Primary insured (pa ENT / LEGAL GAURE Name: Relationship to Min Mailing Address: Home Phone:_	s Name: arent / guardian): DIAN / EMERGE	NCY INFORMATION: E-Mail A Work:	Phone:	Zip
Policy / Group #: Regular Physician's Primary insured (pa ENT / LEGAL GAURE Name: Relationship to Min Mailing Address: Home Phone:_ Place of Employme	s Name: arent / guardian): DIAN / EMERGE nor:	NCY INFORMATION: E-Mail A Work:	Phone:	Zip
Policy / Group #: Regular Physician's Primary insured (pa ENT / LEGAL GAURE Name: Relationship to Min Mailing Address: Home Phone: Place of Employme Emergency Contact	s Name: arent / guardian): DIAN / EMERGE for: ent: et Person (other t	NCY INFORMATION: E-Mail A Work:	Phone: ddress:	Zip_ Cell:_

and off the premises of GNUMC. I grant permission for my child to travel with authorized representatives of GNUMC when these activities occur off premises.

I request and authorize the staff and adult chaperones of GNUMC to exercise temporary custody and care for this, my minor child while on church-related events. During such time as my child is in the care of the staff and / or adult chaperones, and in the event that my child shall need medical treatment or care, including, but not limited to emergency surgery, hospitalization, or other emergency or non-emergency medical care, I hereby authorize and consent to such medical treatment and care that may be deemed necessary for my child, at my expense.

I shall be responsible for any and all costs or expenses of providing such care and treatment for my child, and shall reimburse, indemnify, and hold harmless Good News United Methodist Church, it's staff and adult chaperones from same.

I further understand that it is solely my responsibility to provide the church with an updated MEDICAL RELEASE AND PERMISSION FORM if any changes occur in the information provided above I understand that this form will remain on file at the church to be used for all events in which my minor child participates.

Signature of Parent / Legal Guardian:	
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