

**Saint Stephen United Methodist Church
4600 South Western
Amarillo, Texas 79109
(806) 355-7271**

**PARTICIPATION, TRANSPORTATION, MEDICAL TREATMENT
AUTHORIZATION**

In order to assist Saint Stephen United Methodist Church of Amarillo, Texas: to protect said child while in it's custody, the undersigned, as parents or legal guardian of the child registered on this form, do hereby authorize the Saint Stephen United Methodist Church and it's delegated leaders and staff as agent(s) for the undersigned to administer first aid as needed and to consent to any medical and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any licensed physician or hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, X-rays, treatment, surgical treatment or hospital care deemed advisable.

This authorization shall remain effective while the child is under the care and custody of Saint Stephen United Methodist Church.

The undersigned realizes that the church's responsibility begins when this child is delivered to the church staff at a church facility or vehicle and ends when the church staff release said child to persons or at a place designated by the child's parent or legal guardian at the end of program activities. Excepting limitations stated herein, the child registered on this form has permission to participate in all program activities under the supervision of the church staff and it's designated leaders, including transportation in public and private vehicles that are utilized in authorized church program activities and in supervised water activities.

The undersigned, acting on his/her behalf and that of the child, do hereby waive all claims against and agree to indemnify and hold harmless the Saint Stephen United Methodist Church, its' officers, staff, and designated leaders from any liability or responsibility for any injuries received by this child while participating in this church program.

Signature of Parent/Legal Guardian: _____

Date: _____

INFORMATION FORM

Child's
Name _____

Home
Address _____ Zip _____ Telephone _____

Parents
Name _____

Business _____ Telephone _____

Any other telephone where you may be reached _____

Nearest
Relative _____ Telephone _____

Any special health problems? Describe _____

Any medication now being taken? _____

Allergic to any medications? _____

Date of last Tetanus shot? _____

Regular
Doctor _____ Telephone _____

Name of Insurance _____ Group No. _____

FURTHER MEDICAL INFORMATION:

My son/daughter/ward has my permission to take the following prescription medication on the trip. (List all medications now being taken).

Type:

Instructions:

Physician:

Date: _____ Signature of Parent/Legal Guardian _____

(over)