

**Monticello First United
Methodist Church**

Permission/Medical Release

ACTIVITY

Description of Event

Date of Event

STUDENT INFORMATION

Student Name

Parent/Guardian Name

Home Address

City

Zip

Date of Birth

Home Phone

Parent's Cell Phone

Parent's Email

School

Emergency Contact Person

AGREEMENT

I give permission for my child _____ to participate in the activity
(Participant's Name)
listed above, and I authorize the adult leaders of Monticello First United Methodist Church of Monticello, Georgia
to sign-out my child from school _____ on the date above for the
(Name of School)
activity listed above. I also authorize the leaders to administer or seek emergency medical treatment for my child as deemed
necessary. I will incur the expenses for services in the event of accident or illness and provide payment for those costs.
Furthermore, I agree to release the school mentioned above and Monticello First United Methodist Church from all liability
associated with the activity.

MEDICAL INFORMATION

Known Allergies (drug or natural)

Special Medications Being Taken

History of heart condition, diabetes, asthma, epilepsy, etc.

Date of last tetanus shot

Any physical restrictions

Family Doctor

Doctor Phone

INSURANCE INFORMATION

Insurance Company

Policy Number

Coverage and Limitations

SIGNATURES

Student Signature

Date

Parent or Guardian Signature

Date