

Peace United Methodist Church  
**2017-2018 Children's Ministries**  
**Medical & Liability Release Form**

Child's Name:		
Child's Mailing Address:		
City:	State:	Zip:
Contact Email:		
Child's Birthday:	Child Age:	Grade:
Parent/Guardian 1 Name:	Contact Phone:	
Address if different from child's:		
City:	State:	Zip:
Parent/Guardian 2 Name:	Contact Phone:	
Address if different from child's:		
City:	State:	Zip:
Other Authorized to pick up student:		
Known Allergies:		
Current Medications:		
Insurance Company:		

I authorize Peace United Methodist Church and it's representatives to act on my behalf in any medical emergency. This authorization is given in advance of any specific diagnosis, treatment, or medical care deemed advisable by a licenses physician. I am the legal parent or guardian of the aforementioned student and agree to these terms. This release remains in effect until September 2018.

**Parents Signature**

**Date**