

**Peace United Methodist Church  
2018-2019 Children's Ministries  
Medical & Liability Release Form**

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

I authorize Peace United Methodist Church and its 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 licensed physician. I am the legal parent or guardian of the aforementioned student and agree to these terms. This release remains in effect until September 2019.

**Parents Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_