

PERMISSION/AUTHORIZATION FORM

First United Methodist Church, 2723 N 50th St., Lincoln, NE 68504, 402-466-1906

(Please print this form, complete in full and return it to First United Methodist Church)

Event: _____ Date of Event _____

Location of Event: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip _____

Phone(s): _____ Male _____ Female _____

INSURANCE INFORMATION:

Health Insurance Co. _____

Policy No. _____ Policy Holder: _____

Physician or Clinic: _____ Phone: _____

Specific medical condition(s), allergies, or other necessary health information: _____

PARENTAL AUTHORIZATION:

As the parent/guardian of _____, I give permission for my child to participate in the activity stated above. My child has my permission to be transported to and from this activity. I understand that neither First United Methodist Church of Lincoln, Nebraska nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature Parent/Guardian: _____ Date: _____

MEDICAL RELEASE:

As the parent/guardian of _____, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature Parent/Guardian: _____ Date: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

Another person to contact in case of emergency:

Name: _____ Relationship: _____

Phone(s): _____

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(Nov. 2009)