



FIRST UNITED METHODIST CHURCH
SPRINGDALE, ARKANSAS
TRIP HEALTH, LIABILITY, AND MEDIA RELEASE
(This form must be completed and returned before any off campus activity.)

Child's Name _____

Parent Name _____

Address _____

Phone _____

Name of person to contact in case of an emergency _____

Family Doctor _____

Medical Insurance Carrier _____

Name on policy _____

ID / Policy # _____

Allergies _____

List any current medication _____

Media Release: YES _____ NO _____

I consent to the use of my child's image in photograph, voice in audio or video recordings taken during the course of activities sponsored by First United Methodist Church for the publicity of First Children.

As the parent or legal guardian of _____, I hereby authorize any medical or surgical care including diagnosis and treatment to be rendered to him/her by any licensed physician, surgeon, hospital or clinic when accompanied by an adult leader of First United Methodist Church, Springdale, Arkansas. I understand that the above child is insured by FUMC up to \$5000 when participating in church sponsored activities. I will not hold FUMC or any of the leaders thereof responsible for any liabilities which may occur as a result of these church sponsored activities.

PARENT/GUARDIAN SIGNATURE _____