



LIABILITY RELEASE/PARENTAL CONSENT
January 2012-December 2012

Student's Name: _____ Age: ____ Birthdate: ____/____/____

Address: _____ City: _____ Zip: _____

School: _____ Current Grade: _____

Parent(s)/Guardian:

Phone# _____ (cell/home) _____ (cell/home)

Email address _____

I/We authorize an adult leader, in whose care the minor has been entrusted, to consent to any medical care, to the minor under the general or special supervision of a licensed Medical professional. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such emergency services to the aforementioned child pursuant to this authorization. Should it be necessary for my/our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by New Haven United Methodist Church Student Ministries.

The undersigned does also hereby give permission for New Haven United Methodist Church to take photos and/or video of said student, which may be used in worship, internet or other church related media avenues.

• Medical Insurance? YES _____ NO _____

• Insurance company: _____

• Policy Number: _____

EMERGENCY PHONE # _____

Allergies/sensitivities your child has: _____

Medications taken regularly: _____

Legal Guardian: _____ / _____
(Print) (Signature)

Date: _____

Legal Guardian: _____ / _____
(Print) (Signature)

Date: _____