

**First United Methodist Church**

104 South Miller  
Decatur, Texas 76234  
940.627.3362

**YOUTH MEDICAL RELEASE**

All information is confidential.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Insurance Name & Policy #: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Insurance Name & Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List known health conditions, allergies, and medications:  
\_\_\_\_\_  
\_\_\_\_\_

Alternate contact in case of an emergency: \_\_\_\_\_

Alternate Contact Relationship: \_\_\_\_\_ Alternate Contact Home #: \_\_\_\_\_

Alternate Contact Cell #: \_\_\_\_\_ Alternate Contact Work #: \_\_\_\_\_

RELEASE AND HOLD HARMLESS AGREEMENT

By my signature below, I, \_\_\_\_\_ the

parent/guardian of \_\_\_\_\_ grant my permission for him/her to participate fully in activities or trips sponsored by the First United Methodist Church of Decatur, Texas *and grant permission to the church the use of any picture's taken during FUMC events for use by FUMC in publications or on the website.*

I understand my signature carries with the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify and hold harmless the First United Methodist Church of Decatur, Texas from all claims that might result from any injury or death of any minor. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly or through my personal health and accidental insurance policy all medical costs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date