

Date _____

Authorization for Emergency Medical Treatment

Name: _____ DOB _____ M/F

Address: _____ Phone _____

City _____ State _____ Zip _____

Allergies: _____

Medications: _____

Medical conditions: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone _____

Name: _____ Relation: _____ Phone _____

In the event emergency medical treatment is required due to illness or injury while in the care of the KUMC adults responsible, I authorize said adult(s) to :1. Secure and retain medical treatment and transportation if needed; and 2. Release child’s records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed “lifesaving” by the physician. This provision will only be invoked if the contact person(s) above is unable to be reached.

Parent/Guardian Signature _____

General Release and Waiver of Right to Sue or Collect Damages

On behalf of myself, my spouse, my estate, my heirs, executors, administrators, subrogates and assigns, or on behalf of my minor children, if applicable; I expressly agree to release and hold harmless Kennonsburg United Methodist Church and any and all sponsors, affiliates, agents, helpers or employees for any and all liability for any injury or death, loss, claim or damage I (and/or my minor children) sustain during any activity performed in the care of KUMC.

I understand that for some events, activities, and meetings my child will be riding in the church van or a private vehicle driven by a responsible licensed adult.

I expressly waive any and all rights to sue or collect damages and I do hereby voluntarily consent to participate and assume all risks.

I have carefully read this waiver and release prior to signing this document.

Parent/Guardian Signature _____

PHOTO/VIDEO RELEASE

___ I give permission for my child’s photo and/or video to be taken and used for KUMC print or social media.

___ I DO NOT give permission for my child’s photo and/or video to be taken and used for KUMC print or social media.

Parent/Guardian Signature _____

Lock-In Permission

Friday, July 24-25, 2020 KUMC Youth Group Lock-In

7pm-7am

There is no cost to you to attend.

Please fill out all Waiver and Release and Medical forms for each child.

In order to attend, each child must have this permission and the Medical and Waiver and Release forms at the church on the day of the event.

I give permission for my child, _____
to attend the youth lock in on July 24-25, 2020.

Parent/Guardian _____

Phone _____

Please complete and return to Tiffany Schmidt by July 20, 2020 or bring night of the event.

You may email to: tiffany@kennonsburgumc.com.

Or mail to:

Kennonsburg United Methodist Church

Attn: Tiffany Schmidt

57599 Kennonsburg Road

Salesville, Ohio 43778