



**FRIENDSWOOD UMC STUDENT MINISTRY  
PERSONAL INFORMATION AND MEDICAL / LIABILITY  
RELEASE FORM**



**PLEASE PRINT! ALL INFORMATION MUST BE COMPLETED!**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PRESENT GRADE \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ARE YOU A MEMBER OF FRIENDSWOOD UNITED METHODIST CHURCH? ( ) YES ( ) NO

**CONTACT INFO**

EMERGENCY CONTACT (If Parents unavailable) \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_\_

DOES YOUR STUDENT HAVE HEALTH INSURANCE ? YES \_\_\_\_\_ NO \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY/GROUP NUMBER \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

**HEALTH HISTORY**

ASTHMA \_\_\_\_\_ FAINTING \_\_\_\_\_ CONVULSIONS \_\_\_\_\_ DIABETES \_\_\_\_\_

OTHER \_\_\_\_\_

HEART TROUBLES \_\_\_\_\_ (IF SO, PLEASE EXPLAIN) \_\_\_\_\_

ALLERGIES \_\_\_\_\_ (IF SO, PLEASE LIST) \_\_\_\_\_

IMMUNIZATION DATES: (If up to date for school, just check  $\checkmark$  by each)

TETANUS TOXOID \_\_\_\_\_ GERMAN MEASLES \_\_\_\_\_ MEASLES \_\_\_\_\_

POLIO \_\_\_\_\_ DITHTHERIA \_\_\_\_\_ MUMPS \_\_\_\_\_

OTHER MEDICAL INFO OR COMMENTS (If need more room, use back or attach another sheet):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF THE STUDENTS MEDICAL INSURANCE CARD (both sides).\*\***

By my signature, I \_\_\_\_\_ the parent/guardian of  
 \_\_\_\_\_  
 (please print Parent's name)  
 \_\_\_\_\_ grant my permission for him/her to participate fully in the  
 \_\_\_\_\_  
 (please print Student's name)  
 Friendswood United Methodist Church activities between January, 2010 and December,  
 \_\_\_\_\_. I understand that my signature carries with it the following:  
 (please use date of student's graduation year)

1. An authorization of any of the adult leaders to obtain any medical attention and/or treatment for my son/daughter that may be needed.
2. I hereby release and forever discharge Friendswood United Methodist Church, its agents, servants, or employees from any and all claims for damages for death, personal injury or property damage that I may have or my child (children) may have or that may subsequently accrue to me or my child (children) as a result of my child's participation in the group activity described as **FRIENDSWOOD UMC STUDENT MINISTRY ACTIVITIES** on the date(s) set forth above.
3. Further, we agree to indemnify and hold harmless Friendswood United Methodist Church, its agents, servants, and employees from any claims, actions, and causes of action, which may hereafter be asserted by me and/or on behalf of my child (children) as a result of my child's (children's) participation in the Friendswood United Methodist Church activity referred to above, including any claim alleging negligence, sole negligence or gross negligence on the part of Friendswood United Methodist Church, its agents, servants, and employees. We hereby expressly warrant and agree to defend Friendswood United Methodist Church, its agents, servants and employees and to pay all attorney fees, court costs and litigation expenses of Friendswood United Methodist Church related to the defense of such matter.

*Pictures taken at events and performances may be used in Friendswood UMC publications.*

**\*\*\*MUST BE SIGNED IN FRONT OF A NOTARY\*\*\***

I have listed above any and all special medical problems concerning my son/daughter and have taken the opportunity to discuss these problems with one or more of the adult leaders working with my child.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

<p>.....Do not write below this line – For Notary only.....</p> <p>Before me, the undersigned authority, on this day personally appeared, _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.</p> <p><b>Sworn and authorized before me this _____ day of _____, 2010</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Notary Public in and for _____</b></p> <p style="text-align: center;"><b>County, Texas. STATE OF TEXAS</b></p>
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