



First United Methodist Church  
Wetumpka, AL

**Medical Release Form**

**Participant Information**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

**Alternate Contacts/Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Insurance Information**

Provider: \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Medical Information**

List all physical and/or mental conditions of the participant: \_\_\_\_\_  
All Medications: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_

I give permission for my child to participate in all activities of the First United Methodist Church of Wetumpka, both on and off of the church premises. I understand that my child may be traveling from Wetumpka, Alabama to the destination of these activities via church vehicle or a private vehicle driven by a member of the church staff or church volunteers. I understand that my child may also be suspended from certain youth activities if he/she fails to cooperate with the leadership of the church.

I hereby release the First United Methodist Church of Wetumpka, its staff, clergy and volunteer workers from responsibility and liability for any illness or injury that my child may sustain during church activities. I also agree to hold harmless the staff, clergy and volunteers of First United Methodist Church for anything that may happen to my child off of church premises, even when my child may have left a church event early or without notice. In the event of an emergency, I hereby authorize an adult leader of the church as an agent for me, to consent to any x-ray examination, medical, dental, surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, dentist, licensed to practice under the laws of the state where services are rendered, at any appropriate health care facility. I expect to be contacted as soon as possible.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Before me, the undersigned Notary Public in and for the State of Alabama at Large, appeared \_\_\_\_\_, who is known to me, and who, after being duly sworn by me, acknowledged that he/she executed the above document both knowingly and voluntarily on the day the same bears date.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Special Instructions for this form:**

1. Fill out all fields completely
2. Form will not be accepted if it is not notarized
3. Attach copies of valid insurance cards
4. If you have questions call the church office at 334-567-7865

No child will participate in activities held away from church premises without this completed form on file

First United Methodist Church Wetumpka  
 306 West Tuskeena Street  
 Wetumpka, AL 36092  
 334.567.7865 Phone, 334.567.7867 Fax  
[www.wetumpkafirst.com](http://www.wetumpkafirst.com)



Person(s) my child may be released to:

Child's Name: \_\_\_\_\_

Name	Relationship to Child	Address	Phone Number

I give my permission for my child to participate in: (Circle yes or no and sign each line)

Activities Away from Church	Yes	No	Signature/Parent	Date
Transportation provided by First UMC Wetumpka				
Photographs that may or may not be used on First UMC Wetumpka website and facebook page. *Names will not be posted.				