



DAVIE UNITED METHODIST YOUTH
 6500 SW 47 STREET
 DAVIE, FLORIDA 33314 USA
 (954) 581-0920

**PERMISSION FORM FOR EMERGENCY MEDICAL
 TREATMENT FOR YOUTH AND RELEASE AGREEMENT**

Youth Director: Michael C. Green
 Pastor: Rev. Zig Bays

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Emergency Medical Release

I, (parent or guardian's name) _____, hereby give permission to the Youth Director, Youth Counselors, Davie UMC Staff, and/or qualified Medical Personnel to act on my behalf in securing and administering necessary Emergency Medical Care and Treatment for my child named below. Furthermore, I agree to be responsible for the full payment of any and all charges for any Emergency medical care rendered to my child.

Youth Member's Information

Child's Full Legal Name: _____
 Child's Date of Birth: _____ Age: _____
 Name of Parent(s) or Legal Guardian(s): _____
 Address: _____
 City/State/Zip Code: _____
 Email Address: _____
 Phone Numbers where I may be reached: () _____ or () _____
 Other Authorized Emergency Contact Person(s): _____
 Relationship: _____ Phone Number: () _____

Insurance/Doctor Information

Insurance Company: _____ Policy Number: _____
 Phone Number: _____ Parent's Employer: _____
 Family Doctor: _____ Phone Number: _____

Medical Information

Allergies: _____
 Any medications being taken: _____
 Any other significant information: _____

PERMISSION/RELEASE AGREEMENT

I/We the undersigned parent(s) or guardian(s) of _____, a minor, do hereby give permission for the child named above to attend and participate in all youth and church sponsored activities (both on and off church property) associated with Davie United Methodist Church for the period covering January 1, 2015 through January 1, 2016. I/We, the parent(s) or guardian(s) of the child named above agree and understand that there are risks of travel injury and other risks of injury inherent in activities involving youth. I/We hereby release and forever discharge Davie United Methodist Church, its administrators, employees, members and volunteers from all claims, demands, actions, or rights of action, of whatsoever kind of nature, either in law or in equity arising from or by any other reason as a result of my child's participation in any and all activities.

Furthermore, I/We agree to be responsible for any costs Davie United Methodist Church may incur as a result of my child's participation in these activities both on and off church property. (i.e. vandalism, damages, loss, liability, etc.)

If Davie United should be involved in any legal proceedings as a result of my/our child's participation in these activities, I/We also agree to be liable for all cost and expenses associated therewith, including, but not limited to attorneys' fees at all judicial levels.

Signature of Parent(s)/Guardian(s) _____ Date _____

NOTARY

State of FLORIDA County of _____

I, _____, do hereby declare that _____

Appeared before me this the _____ day of _____, 20____

Notary Public