

**EMERGENCY MEDICAL AUTHORIZATION
AND
GENERAL LIABILITY RELEASE**

MINOR

**EPWORTH UNITED METHODIST CHURCH
3077 VALLEYVIEW DRIVE
TOLEDO, OHIO 43615
(419) 531-4236**

Purpose: To enable parents and guardians to authorize the emergency treatment of minors (children and youth under age 18) who become ill or injured while participating in a church-sponsored activity, when they cannot be reached. This form also serves as a consent form releasing Venture Crew 149 and Epworth United Methodist Church and its employees, volunteers, leaders and chaperones from any legal or financial liability in the event this participant is injured.

Name of Participant _____

Name of Activity _____

Site of Activity _____

Dates _____

Home Address _____
City State Zip

Please Print Parents' Name _____

EMAIL Address: _____@_____

Parents' Phone Home ____ - ____ - ____ Office ____ - ____ - ____ Cell ____ - ____ - ____

Child's Age ____ Grade ____ Male Female Birth date _____

Date of Tetanus Shot (update if needed) _____

Medications _____

Allergies _____

Other special medical information _____

Family Physician _____ Phone (____) _____

Family Dentist _____ Phone (____) _____

Parent's Employer _____

Health Insurance Carrier _____ Policy # _____

Insurance Address _____
City State Zip

Insurance Phone (____) _____

PARENTS OR GUARDIANS SHOULD CONTACT THEIR OWN INSURANCE CARRIER TO OBTAIN ADDITIONAL INSURANCE FOR THE CHILD IF NECESSARY.

SEE OTHER SIDE FOR SIGNATURES AND NOTARIZATION

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REQUIREMENT OF VEHICULAR SEATBELT USAGE

STATE LAW REQUIRES THE USE OF SEATBELTS IN VEHICLES. I UNDERSTAND AND AGREE THAT AS A PARTICIPANT AND/OR A PARENT/LEGAL GUARDIAN FOR A PARTICIPANT IN THIS ACTIVITY, IT IS MY/OUR RESPONSIBILITY TO KEEP THE VEHICULAR SEATBELT PROPERLY FASTENED AT ALL TIMES WHILE THE VEHICLE IS MOVING. FURTHERMORE, I/WE ASSUME ALL RESPONSIBILITY AND LIABILITY FOR ANY & ALL INJURIES CAUSED BY THE FAILURE TO KEEP THE VEHICULAR SEATBELT FASTENED AT ALL TIMES.

MEDICAL AUTHORIZATION

IN THE EVENT OF AN EMERGENCY AND AFTER REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR AN ADULT LEADER TO SIGN FOR EMERGENCY CARE FOR MY CHILD AS DEEMED NECESSARY BY A LICENSED PHYSICIAN. I ALSO AUTHORIZE THE TRANSFER OF MY CHILD TO ANY HOSPITAL THAT IS REASONABLY ACCESSIBLE. THIS AUTHORIZATION DOES NOT COVER SURGERY UNLESS DEEMED NECESSARY BY TWO PHYSICIANS OR DENTISTS PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

DISCLAIMER OF LIABILITY

I UNDERSTAND THAT THERE ARE INHERENT DANGERS AND RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY, IN USING THE FACILITIES AND IN TRAVELING TO AND FROM THE ACTIVITY. MY CHILD AND I ASSUME THOSE RISKS AND TAKE FULL RESPONSIBILITY FOR ANY INJURIES OR DAMAGES WHICH MAY BE INCURRED BY MY CHILD DURING THE ACTIVITY, IN USING THE FACILITY AND IN TRAVELING TO AND FROM THE ACTIVITY. I ACCORDINGLY HEREBY FULLY AND FOREVER EXONERATE AND DISCHARGE VENTURE CREW 149 AND THE EPWORTH UNITED METHODIST CHURCH, ITS STAFF, EMPLOYEES, CHAPERONES, LEADERS, VOLUNTEERS AND AGENTS FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN, ANTICIPATED OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF MY CHILD'S PARTICIPATION IN THIS ACTIVITY, USING THE FACILITIES AND TRAVELING TO AND FROM THE ACTIVITY. THIS RELEASE BINDS THE UNDERSIGNED AND HIS OR HER SPOUSE, HEIRS, REPRESENTATIVES AND ASSIGNS.

Signature of Youth Participant

Signature of Parent or Guardian

Signed by Youth Participant

Signed for self and in behalf of the child

Date _____

Date _____

**NOTARIZATION OF SEATBELT USAGE REQUIREMENT, MEDICAL AUTHORIZATION
AND LIABILITY RELEASE FORM**

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared

_____ to me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public, _____ County State of _____

My Commission Expires _____