Moody Memorial FUMC
2803 53rd Street
Galveston, Texas 77551
Office: 409-744-4526
Fax:409-744-0508

Medical Release and Consent Form CHILD

Christian Life Center Athletic Activities (Valid for One Year and must be notarized)

Participant Information Circle One MALE OR FEMALE

_____ / / _____

Name: First (Nickname, if any) Middle Last Date of Birth

_____ ( ) _____

Address: Street City State Zip Home Telephone Number

Parent/Guardian Information

Name Relationship to Youth Named	Name Relationship to Youth Named
( ) Home Telephone ( ) Pager/Cell Phone	( ) Home Telephone ( ) Pager/Cell Phone
Employer ( ) Work Telephone	Employer ( ) Work Telephone

Emergency Contact Other Than Parent/Guardian

Name Relationship to Youth Named ( ) Home Telephone ( ) Pager/Cell Phone

Health Information

Copy of front & back of insurance card attached? ☐

Family Physician ( ) Telephone Number

Primary Medical Insurance Company/Group

Date of Last Tetanus Shot: _____

Policy Number Responsible Party

Medications: _____

Allergies: _____

General Health Concerns/Past Medical History: _____

As parent(s), legal guardian(s), or custodian(s) of this youth, I/we permit him/her to participate in all officially supervised Moody Memorial FUMC Ministry Programs and Activities for which he/she is registered. **I knowingly release, absolve, indemnify, and hold harmless** Moody Memorial FUMC**., its Members, Trustees, Boards, Leadership, and Staff, as well as counselors, organizers, workers and all others acting on behalf of** Moody Memorial FUMC **or its programs and activities, from all claims that might result from any accident, personal injury, illness and/or death to the youth named arising out of participation in such programs and activities.** In the event that my child requires medical or dental attention while attending a Moody Memorial FUMC Ministries event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize Ashley Shriver, CLC Director, or any other adult counselor or coach to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

I have read and understand this Medical Release and Consent Form and represent that all of the information contained herein is true and correct. I, hereby, accept and assume all the risks of injury associated with the activities of Moody Memorial FUMC Ministries. Unless terminated in writing, this release shall be effective for one (1) year.

Custodial Parent or Legal Guardian Signature: _____ Date: _____

STATE OF TEXAS §
COUNTY OF _____ §

This instrument was acknowledged before me on _____, 200_____ by _____.

_____
Notary Public, State of Texas