

EMERGENCY MEDICAL RELEASE

In the event that my child, _____, becomes ill or sustains an injury while on an authorized and chaperoned outing from **Nolensville First United Methodist Church** in Nolensville, Tennessee, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first-aid. I also consent to any necessary and emergency medical treatment including but not limited to the following: an x-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicines, to be rendered to my child upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations, present and future, and that a copy of this form is valid as the original. This consent is to remain in effect until I revoke this consent in writing.

This form is to be signed by parent/guardian in the presence of a notary. Most hospitals require a notary seal.

Birth date of child: _____ Health Insurance Company: _____

Group Number: _____ Certificate Number: _____

Any special health problems? Describe _____

Any allergies? Describe _____

Emergency name and phone number in the event a parent cannot be reached:

Name *Relationship*

Phone number *Alternate phone number*

Signature of Parent or Legal Guardian *Date*

Address, City, State, Zip

Telephone Number *Cell Phone Number*

**Subscribed and sworn before me on
this ____ day of _____, 20 ____.**

Notary Public, my commission expires _____