

Information and Release Form

(For students and kids)

Name: Birthdate:

Address:

Cell: Other Phone:

# In case of emergency, contact the following:

Name: Birthdate:

Address:

Cell: Other Phone:

# Basic Medical Info:

Known food or medicinal allergies:

Significant medical history:

Current medications:

Health Insureance Company:

Policy #: Group #:

Name of policy holder:

Doctor: Phone:

I, , authorize the staff and/or

volunteers of FUMC Cleburne

to act on my behalf to obtain needed care for my child.

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified below.

1. **I** **HEREBY** **RELEASE** **AND** **FOREVER** **DISCHARGE** **THE** **CHURCH** **AND** **ALL** **OF** **ITS** **REPRESENTATIVES,** **AGENTS,** **ATTORNEYS,** **PRINCIPALS,** **EMPLOYEES,** **OFFICERS,** **DIRECTORS,** **PARTNERS,** **VOLUNTEERS,** **PARENTS,** **SUBSIDIARIES,** **AFFILIATES, SUCCESSORS, HEIRS AND ASSIGNS (The “church”) FROM ANY AND** **ALL** **ACTIONS,** **CAUSES** **OF** **ACTION,** **LIABILITIES,** **SUITS,** **DEBTS,** **CLAIMS** **OR** **DEMANDS** **FOR** **ANY** **LOSS** **ARISING** **FROM** **MY** **PARTICIPATION** **IN** **A** **FUNCTION;** **and,**
2. **ON** **BEHALF** **OF** **MYSELF** **AND** **ANY** **OF** **MY** **REPRESENTATIVES,** **AGENTS,** **ATTORNEYS,** **PRINCIPALS,** **EMPLOYEES,** **OFFICERS,** **DIRECTORS,** **PARTNERS,** **VOLUNTEERS,** **PARENTS,** **SUBSIDIARIES,** **AFFILIATES,** **SUCCESSORS,** **HEIRS** **AND** **ASSIGNS,** **I** **AGREE** **TO** **INDEMNIFY** **AND** **HOLD** **HARMLESS** **THE** **CHURCH** **FROM** **ALL** **CLAIMS** **AND** **CAUSES** **OF** **ACTION** **ARISING** **FROM** **MY** **PARTICIPATION** **IN** **A** **FUNCTION;** **and**
3. I will be responsible to pay for any medical costs incurred on the trip identified below. It is my sole responsibility to seek coverage from my own insurer, if any, and I remain responsible for such costs regardless of insurance coverage or denial.

VBS 2023

Dates:

Signature of Parent or Guardian: