

**General Release, Medical Authorization,  
Media Release and Permission Statement**

The undersigned parent(s) and/or guardian(s) of, \_\_\_\_\_ in consideration of said child participating in any activity of Christ United Methodist Church, individually and as parent(s) and/or legal guardian(s) do hereby generally release and covenant to hold harmless the Christ United Methodist Church and the duly authorized counselors, leaders and approved assistants to the counselors and leaders of the activity from any action, cause or action, suits, damages, judgments, executions, claims and demands whatsoever, which the undersigned now have or may acquire by reason of any matter, cause or thing, and hold this agreement to terminate upon the above-listed child's ceasing participating as a member of the activity.

**Medical Authorization**

Furthermore, the undersigned parent(s) and/or legal guardian(s) authorize Christ United Methodist Church and/or the United Methodist Youth Fellowship of the Christ United Methodist Church by its duly authorized counselors, leaders, and approved assistants to the counselors and leaders of the fellowship to consent to reasonable and necessary medical care and to administer common, necessary medications including-but not limited to-acetaminophen ("Tylenol"), diphenhydramine ("Benadryl"), and ibuprofen ("Motrin"), as may be required for the above-listed child while participating in program and fellowships sponsored by the Christ United Methodist Church and/or the United Methodist Youth Fellowship of the Christ United Methodist Church.

**Media Release**

Check One:

I am the parent or legal guardian of the above youth under 18 years of age, and I give permission for their images [photo or digital likenesses] to be published on Christ United Methodist Church's website, [www.christwestfield.org](http://www.christwestfield.org).

No. As the parent or legal guardian, I do not give permission for the above youth to be included in photo presentations on Christ United Methodist Church's website.

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The undersigned has caused this General Release, Permission Statement, Medical Authorization and Media Release to be executed on the following date: \_\_\_\_\_.

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Printed Name

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Signature



# Christ United Methodist Church

318 North Union Street  
Westfield, Indiana 46074  
(317) 896-5559

## EMERGENCY AND MEDICAL INFORMATION

The following information is for the sole use of duly authorized counselors, leaders and approved assistants of Christ United Methodist Church in case of an emergency, medical or otherwise.

Today's date \_\_\_\_\_

Name of youth \_\_\_\_\_

Birth date \_\_\_\_\_

Known allergies (food, insects, medicine, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Medications: strength & dose of prescribed & over the counter medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian (please print) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Alternate Contact (who can reach Parent or Guardian) \_\_\_\_\_

Phone \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_

Office # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Please list medical conditions

I, the undersigned, state this information to be correct and to the best of my knowledge.

Printed Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Please see reverse side. This form is not complete until the reverse side is complete.*