



University Carillon

United Methodist Church

1395 Campus View Court • Oviedo, FL 32765
407.359.2112

ACTIVITY/EVENT RELEASE FORM

Child/Student Name:	
Address:	
City, Zip:	Phone:
Birthday:	School:

I, _____, parent or guardian of the above-named child, hereby release University Carillon United Methodist Church, its staff and its adult leaders and sponsors, from responsibility and liability from any injury or illness that my child may sustain during any activity/trip sponsored by a ministry of the church, in which I give my child permission to participate. In the event of an emergency, I hereby authorize any adult leader of this activity/trip, as an agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or any hospital. I expect that every effort will be made to contact me as soon as possible, and that these powers will only be used if attempts to contact me are unsuccessful.

For children age 5 and older only:
 I give consent for my child to travel to and from the church in transportation provided by volunteer drivers.

Full name of parent/legal guardian (please print):	
Signature:	Date:
Daytime/Work phone:	Other phone:
Emergency name/number:	

MEDICAL INFORMATION

Child's/Student's Allergies:
Medications being taken:
Physical handicaps or limitations:
Medical Insurance Company:
Policy name/ID/group number:
Member Name:

Notary Stamp Here

Notary Name and Date: