



My child, _____, plans to attend _____ (activity)
on _____ (date) with Cokesbury United Methodist Church.

I understand that if a serious emergency arises, it may be necessary for a physician to attend to my child's medical needs. For this to take place, I am signing below providing my **Authorization for Medical Treatment**. I give permission for my child to be taken to appropriate medical facilities for treatment when deemed necessary and that medical or surgical treatment is implemented when recommended by a medical doctor.

I understand that the church or its agents will not be responsible for medical expenses incurred, but that such expenses will be my sole responsibility. I agree to notify the church in the event of any health changes which would restrict my child's participation in any planned activity.

I hereby release and hold harmless Cokesbury United Methodist Church, its officers, trustees, agents and employees from financial responsibility for my child's life and medical fees/premiums incurred pursuant to this consent.

Child's Name: _____ Date of Birth: _____
Address: _____

Social Security No.: _____ Home Phone: _____ Alternate Number(s): _____

List any medical exemptions (allergies, blood transfusion, etc.) your child has:

List any significant health problems (asthma, diabetes, epilepsy, etc.), surgeries or hospitalizations:

Is your child currently under a physician's care for any illness? _____ If yes, please specify:

Date of last tetanus shot: _____

My child is currently taking the following medicine prescribed by a doctor:
Name of Medicine: _____
Dosage: _____
Physician's Name and Phone Number: _____

Family Health and Accident Insurance Carrier: (please attach copy of front and back of card)

Policy Number: _____ Name of Policyholder: _____

Emergency Contact Information:
Name: _____ Day/Evening Number(s): _____

Signature of Parent/Guardian Date