

**PERMISSION SLIP/MEDICAL RELEASE**

**CHILD'S NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**ZIP** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/GUARDIAN'S NAME** \_\_\_\_\_

**DATE OF TRIP** \_\_\_\_\_

**PURPOSE OF TRIP** \_\_\_\_\_

**DEPARTURE & RETURN INFORMATION** \_\_\_\_\_

\_\_\_\_\_

I give permission for my child to join **First United Methodist Church of Mexia, Texas** in the listed activity or trip sponsored by the church, its staff and sponsors. I hereby release them from responsibility and liability for any illness or injury that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity as 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, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

\_\_\_\_\_

DATE: MO/DAY/YR

PARENT'S SIGNATURE

EMERGENCY PHONE NUMBERS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**MEDICAL INFORMATION: (REQUIRED FOR ALL OFF-CHURCH ACTIVITIES)**

ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

PHYSICAL HANDICAPS \_\_\_\_\_

MEDICAL INSURANCE CO. \_\_\_\_\_

NAME OF POLICYHOLDER \_\_\_\_\_ POLICY # \_\_\_\_\_

**FIRST UNITED METHODIST CHURCH OF MEXIA MUST HAVE THIS SIGNED PERMISSION SLIP/ MEDICAL RELEASE IN HAND IN ORDER FOR YOU TO TAKE PART IN THIS TRIP OR ACTIVITY.**