

Date: ____/____, 20____

EMERGENCY MEDICAL AUTHORIZATION AND RELEASE for MINORS (Please PRINT ALL Information)

I (we), (Full Name) _____ ("Emergency Contact 1")

and (Full Name) _____ ("Emergency Contact 2")

the parents(s) or legal guardian(s) of the "Minor" identified below, REQUEST, AGREE, AUTHORIZE AND GIVE APPROVAL that in case an injury to the Minor occurs at a First United Methodist Church Richardson, Texas ("FUMCR" or "Church") Facility, or at a FUMCR related activity, and in the event that I(we) cannot readily be reached or if time is too critical to attempt to reach me(us) that the Minor be taken for emergency care to either the family physician indicated below OR such other emergency medical services provider at the discretion of FUMCR personnel. I(we) further authorize the emergency medical services provider and any attending physicians to perform any and all diagnostic procedures and/or treatments required. I(we) agree to pay for all such medical services and care.

Minor's Full Name "Minor"		Date of Birth
Emergency Contact 1 – Full Name Relationship:	Address	Phones Home: Work: Cell:
Emergency Contact 2 – Full Name Relationship:	Address	Phones Home: Work: Cell:
Family Physician	Family Physician's Phone	Family Physician's Address
List Known Allergies, Health conditions and medications currently taking (use back if necessary)		Last Tetanus Booster
Primary Insurance Company Group or Employer Name	Primary Policy Holder's Name Group Number	Contact number
Supplemental Insurance Company Group or Employer Name	Supplemental Policy Holder's Name Group number	Contact number

The person(s) signing below ("**Releasor**"), a parent or legal guardian of the above named Minor, for himself/herself, and the Minor, and all heirs and successors to the Releasor and the Minor, hereby unconditionally and forever waive, release, discharge and acquit, and also agree to defend, indemnify and hold harmless FUMCR, a Texas not for profit corporation, and its directors, trustees, officers, employees, members and agents (collectively and individually, the "**Released Parties**") from and against any and all claims, losses, acts, actions, controversies, omissions, and cause or causes of action which the Releasor or the Minor may have against the Released Parties in any way arising out of, in connection with or relating to the participation in any activity at an FUMCR Facility or FUMCR related activity. I also grant permission to FUMCR to use any photo or video taken at an FUMCR Facility or Church sponsored function in any publication or FUMCR website.

Signature – Emergency Contact 1

Signature – Emergency Contact 2

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

SEAL

NOTARY PUBLIC, STATE OF TEXAS
My Commission expires: _____, 20_____