

**Beaver Ridge United Methodist Church
Health and Liability Form**

We, the undersigned parent(s) or legal guardian(s) for

Do hereby release, forever discharge and agree to hold harmless Beaver Ridge United Methodist Church and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my youth while participating in our youth activities. Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. I understand this information will be kept on file and I will sign a separate permission slip for each trip.

We understand our child is expected to obey all rules and regulations which will be stated prior to the event. In case of serious violation of any rules and/or regulations, we understand we may be contacted and will be expected to make arrangements for our youth to return home. Should it be necessary for our youth to return home for medical or disciplinary reasons, we agree to incur all expenses related thereto.

In the event the above-named youth becomes ill or sustains an injury while on a Beaver Ridge UMC Youth event or activity, we give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and we assume the responsibility of all medical bills if necessary.

We understand this consent will apply to all emergency situations, and that a copy of this form is as valid as the original.

Both parents must sign this form, unless only one parent has legal custody. In this case, please indicate the non-custodial parent's name and whether to contact in case of an emergency.

Print child's name: _____ Date of Birth: _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

Father's Home Phone: _____ Cell: _____ Work: _____

Mother's Home Phone: _____ Cell: _____ Work: _____

Emergency Contact:

<i>Name</i>	<i>Home #</i>	<i>Cell #</i>	<i>Work #</i>
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Emergency Contact:

<i>Name</i>	<i>Home #</i>	<i>Cell #</i>	<i>Work #</i>
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Physician's Name/Phone:

Insurance Co: _____ Policy #: _____

Child's Health Summary

Describe any health problems or physical limitations:

List any medications the youth takes regularly:

List any allergies to medications, foods, etc.:

Any additional information:
