

Acworth United Methodist Church

4340 Collins Circle
Acworth, GA 30101
(770) 974-3312

Medical Release and Permission Form for 2009- August 2010

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Date of Birth _____
Parent or Guardians' Names _____
Father's Work # _____ Cell # _____
Mother's Work # _____ Cell # _____
Emergency Contact #1 _____
Phone Number _____
Emergency Contact #2 _____
Phone Number _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information.

Insurance Company _____
Group Number _____ Policy Number _____
Physician _____ Phone Number _____
Physician Address _____

I give my child permission to participate in activities with Acworth United Methodist Church programs offsite and on. I also give my child permission to ride in vans with church-approved drivers or private vehicles and release the church and volunteers from any and all liability as related to the transportation and activities of AUMC. I give my permission to AUMC to use photos of my child's ministry involvement for promotional use as well as website placement. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or a representative of Acworth United Methodist Church to secure the services of a licensed physician to provide the care necessary, including anesthesia or surgery, for my child's well-being. **Because this medical release will be kept on file in the AUMC office for 2009 - August 2010, I understand that it my responsibility to make any changes or update this form as needed.**

Signed _____ Date _____
Parent or Guardian

Notary _____ Date _____