Jasper First Methodist Church

1800 3rd Ave, Jasper, AL 35501

CONSENT & RELEASE FROM LIABILITY & MEDICAL CONSENT FORM

(Impact 2023)

_____ has my permission to participate in all activities of Jasper First Methodist Church and to be transported by church bus or private car when necessary. I understand that all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against Jasper First Methodist Church, its employees, volunteers, or sponsors. I also hereby voluntarily waive any claim against the owner/ driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge.

In the event that my child becomes ill or sustains an injury while on an authorized and chaperoned outing from Jasper First Methodist Church, I, the undersigned, give my permission to those in charge to take whatever steps necessary to stop any bleeding and to administer first aid. I also consent to an x-ray examination, anesthetic, medical(or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervisor and upon the advice of a duly licensed physician or surgeon. This consent and release is in effect from the date signed. I understand that a copy of this form is as valid as the original.

Parent/Guardian signature: _____ Date: _____

Street Address: _____ City:_____

State: _____ Zip Code: _____ Email:_____

Phone: _____ Work Phone: _____

Individual Health Information

Name: _____ Date of Birth ____/____/_____

Weight: _____ Height:_____

Describe any health problems:_____

_____

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205 387 2111

Any Medications: Yes ___ No___ If yes, names of drugs and dosages:_____

_____

Allergic to any medications: Yes___ No___ If yes, please

list:_____

_____

Physician's name:_____

Office Phone:_____

Address:_____

Name of Medical Insurance Company:_____

Phone:_____ Policy Number: _____

Group Number: _____