

St. Mark's UMC
5005 Love Rd
El Paso, TX 79922
(915) 581-4444

Youth Medical Consent and Release Agreement

To be filled out by parents or legal guardians
of participants under 18 years of age.

I, _____, the parents and /or guardian (circle one) of _____, a minor child, hereby acknowledge that said child is presently under my care, custody and control. I hereby give said child my express permission to participate in all regular and special St. Mark's UMC youth activities, both at and away from St. Mark's UMC, including specifically and without limitation of travel to and from, and participation in all aspects of the _____

(Event Name)

Between _____ and _____
(dates)

In the event there arises an emergency necessitating medical and/or surgical attention, I hereby consent and give my permission to St. Mark's staff, members, volunteer leaders, other representatives, or any attending physician, to make such decisions and to consent to or perform such medical treatments and/or surgery upon said child which may in their sole discretion be necessary and proper under the circumstances.

I the undersigned parent and/or guardian of said child, do release, acquit, discharge and covenant to hold harmless St. Mark's UMC, its staff, members, volunteer leaders, other representatives, agents, servants, or employees, from any and all actions, damages or liabilities arising out of any sickness or injury incurred by said child at any time in such activities, or incurred at any time in the treatment of any such sickness or injury.

I also give my permission for the above named child to be transported to and from St. Mark's to and from _____
(destination)

and by an approved personal vehicle or church approved vehicle arranged and supervised by authorized and licensed church staff, members, volunteer leaders, other representatives, agents, servants, or employees of St. Mark's UMC.

I give permission to take pictures of my child and use them in church publications.

Parent and/or Guardian _____

Date _____

Address _____

Phone (____) _____

Email: _____

Emergency Contact & Relationship _____

Phone Number _____ Family Doctor & Phone Number _____

_____ Date of last Tetanus _____

List any allergies, medications, special conditions, or restrictions _____

Name and address of Insurance Company _____

Group/Policy Number and Insurance Company Phone Number _____

Signature of Youth Participant _____

Signature of Parent/Legal Guardian _____

Signature of Group Leader _____

OUT OF TOWN ONLY

STATE OF TEXAS)
COUNTY OF EL PASO)

This instrument was acknowledged before me on the _____ day of _____ 20_____.

By _____

Notary's Official Seal:

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS