



**Information and Authorization/Release Form**

Valid for Jan 2015 - Dec 2015

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Activities/Sports: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Mom Email: \_\_\_\_\_

Dad Cell: \_\_\_\_\_ Dad Email: \_\_\_\_\_

Medical Concerns/Allergies/Medications: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy#: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

To whom it may concern: My child \_\_\_\_\_ has my permission to go on and participate in and on trips/events of Carlsbad FUMC. I give authorization to use their pictures on church media including, but not limited to church services, websites, and publications.

I/We \_\_\_\_\_ parent(s) or guardian(s) of the above mentioned minor, do hereby authorize any CFUMC Staff and/or Adult Volunteers of CFUMC as agents for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of Medical Practice Act and on the medical staff of a licensed hospital, whether such diagnosis is rendered at the office of said physician or at said hospital. I/We have read and understood the above document. By signing this document I/We hereby release CFUMC from liability for personal injury or damage to property.

\_\_\_\_\_  
Parent(s) or Guardian(s)

\_\_\_\_\_  
Date