

**Main Street United Methodist Church
Greenwood, South Carolina
Permission Slip, Release and Medical Authorization**

As parent of my child, _____, (hereinafter referred to as "child"), I give permission for my child to attend and participate in the Main Street United Methodist Church activity (Please list below)

_____.

I understand and acknowledge that while Main Street United Methodist Church and its agents, staff members, volunteers, and other personnel shall make all reasonable efforts to protect the health, safety and welfare of my child, that my child may be participating in strenuous physical activities, sports and recreation, which bear the risk of severe or even terminal physical injury.

I further understand and acknowledge that my child will be transported in vehicles, which may be operated by Main Street UMC staff or adult volunteers, or may be chartered with third party carriers. I therefore give permission for my child to participate in these activities, having been fully advised of the potential risks of participation thereto.

Medical Authorization

Furthermore, as parent and legal guardian of my child, I authorize any Main Street UMC staff member, adult volunteer or adult chaperone present at the above activities to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care to be rendered to my child under the general or special supervision of health care providers and on the advice of a properly licensed physician or surgeon.

I understand and agree that, in the event my child suffers an injury that requires medical treatment, the above named adults may authorize immediate treatment and/or first aid regardless of whether they are able to contact me regarding my child's treatment.

My child is allergic to the following medications: _____

My child is currently taking the following medications (please describe the condition for which the medication is used): _____

(I further understand that my child will be responsible for administering their own medications, unless special arrangements are made in writing with the Main Street UMC approved adult in charge of the event prior to embarking on the above activity.)

My child has the following medical conditions (please include any information a treating physician should be aware of in the event of injury): _____

My child is covered under health insurance policy issued by _____

The policy number _____.

Parent's Signature _____ Date _____

Please note that scholarships ARE available and remain strictly confidential.

