



Asbury First United Methodist Church  
1050 East Ave. Rochester, NY  
585-271-1050

**PARENT OR LEGAL GUARDIAN OF A MINOR RELEASE FORM**

**This form is valid from September – September of the program year: 2018–2019  
It is the parent’s or legal guardian’s responsibility to notify the youth minister of any changes that need to be made during the program year.**

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_

**Emergency Contact Information:**

Name (Relationship): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

**Alternate Emergency Contact Information:**

Name (Relationship): \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (printed name of parent/guardian) being the parent or legal guardian of \_\_\_\_\_ (printed name of minor) hereby give my consent for my minor child to participate in (and, when necessary, be transported to events by staff or volunteer adult drivers) youth activities at Asbury First United Methodist Church during the program year.

I understand that all reasonable safety precautions will be taken by the program leaders during each activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Asbury First United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment including providing information included on this form if applicable. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child.

By checking this box I give permission for my child to receive non-prescription medication (Tylenol, Advil, Benadryl, Neosporin, etc.) with the following exceptions: \_\_\_\_\_

By checking this box I give permission that my child may be photographed, and that these photographs may be included in publications and web sites of Asbury First United Methodist Church.

Minor child’s medical conditions (dietary restrictions, allergies, and/or other medical conditions) that activity leaders should be aware of:

\_\_\_\_\_

My minor child should be excluded from the following activities:

Medical Insurance Company: \_\_\_\_\_

ID or Group #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_ Other Pertinent Past Medical Information/History: \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Form