



Right to Treat/Liability Release

January 2022 - December 2022

Name of Child _____ Date _____

Birth date _____ Grade _____ Gender _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Cell _____

Child's Cell _____

Other person and/or number to call in emergency _____

Medical Information Is your child presently being treated for an injury or sickness or taking any medication? Over the Counter or Prescription __Yes __ No If yes, please explain. If yes please list days and times medication is needed. All medication will be turned into an adult chaperone who will dispense it as needed. Prescription meds need to be unoriginal container and marked with child's name. By signing this you authorize CUMC and the appointed chaperones to give your child medication.

Does your child have, or has your child ever had, any of the following? (Please check all that apply.) __ Asthma __ Hay Fever __ Kidney Disease __ Diabetes __ Heart Murmur __ Seizure Disorders

Please explain.

Does your child ever sleepwalk? __ Yes __ No Child's blood type _____ (if known)

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? __Yes __ No If yes, please explain. _____

Family Doctor: _____

Doctor's Telephone: _____

Insurance Co: _____

Policy No: _____

Consent and Certification I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled church activities of CASTLETON UNITED METHODIST CHURCH, and any other supervised activities customarily associated with church functions, including youth rallies and overnight or weekend trips. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the Director of Family Ministries in writing. I will not hold CUMC or any designated supervisor or volunteer liable for an injury or illness, up to and including death. Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize the Director of Family Ministries or another adult chaperone designated by the Director of Family Ministries to make emergency medical care decisions on behalf of my child.

I authorize CUMC designees to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that CASTLETON UNITED METHODIST OR ANY SPONSORS OR CHAPERONES will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the Director of Family Ministries in writing of any health changes that would restrict my child's participation in any normal church activities. I also understand that the staff leader and designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

_____ Signature of Parent or
Guardian Date

I do not want my child's image shared on social media or website_____ (check
only if you do not give consent for CUMC to publish pictures including your child)