

Heritage United Methodist Church Medical Release Form

September 1, 2011 – August 31, 2012

I (print full name) _____ being the parent/guardian of
(Parent's name)

_____ (____/____/____) have appointed Heritage United Methodist Church staff
(Print full name of child and birth date)
power to:

- 1. Medical and Hospital Care for Child:** Authorize and execute my consent for any and all medical treatment deemed necessary by duly licensed physician for the health and well being of my above child.
- 2. Travel:** To do all acts necessary or convenient for providing transportation to or from or in connection with any field trip.
- 3. Field Trip:** To do all acts necessary or convenient for providing field trip functions for my child, and in arranging for my child's attendance and care at any such function.

HOLD HARMLESS AGREEMENT. Further, I hereby agree to assume the risk of and hold harmless and release Heritage United Methodist Church, its staff and volunteers from any liability in the aforesaid instances. However, this shall not apply to willful and wanton misconduct affecting my child. **PARENTS ARE RESPONSIBLE FOR ANY AND ALL DAMAGES AND FOR ANY CHILDREN LEFT UNATTENDED BEFORE AND AFTER ANY PLANNED EVENT.**

PERIOD OF VALIDITY: This Medical Release and Hold Harmless Agreement shall be effective and apply to the following period: From September 1, 2011 through August 31, 2012.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____ 20 _____

(SIGN BEFORE NOTARY)

Signature of Parent

Physician: _____ Phone # _____

STATE OF FLORIDA
COUNTY OF PINELLAS

The following instrument was acknowledged before me this _____ day of _____ 20 _____, by
_____, who is personally known to me or who has produced a valid form of identification.

Notary Public

Commission Expires _____

HEALTH ALERTS (i.e. allergies, medications) _____

