

# MEDICAL RELEASE FORM - KATY FIRST UMC

The undersigned, as the representative of (name) \_\_\_\_\_ do authorize any person under the authority and with the consent of the First United Methodist Church of Katy, Texas, to render first aid or give over the counter medications for minor illnesses (ie: cold, upset stomach, fever) or seek medical treatment for said person, while participating in this church sponsored event and authorize, on our behalf, such treatment when necessary by emergency or illness. Facsimile or photo copied signatures will be deemed original for all purposes.

\_\_\_\_\_  
Representative, Relationship

\_\_\_\_\_  
Date

Representative Phone Number: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospitalization Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Policy/Group# \_\_\_\_\_ Name of Insured \_\_\_\_\_

## AUTHORIZATION RELEASE AND WAIVER

The undersigned representative of \_\_\_\_\_ do hereby authorize the use of photographs to be used in publicity, information and celebrations for this event; and release the Methodist Church and First United Methodist Church, Katy, Texas, collectively herein referred to as "the church", its' employees and volunteers (including parent volunteers working under the direction of the church) from any claim the undersigned may have arising from injury or loss occurring within vehicles owned or leased or borrowed by the church, and hold harmless from any claim arising as the result of any such injury or loss. Facsimile or photo copied signatures will be deemed original for all purposes.

\_\_\_\_\_  
Representative, Relationship

\_\_\_\_\_  
Date