

First United Methodist Church

409 1st street SE

Moultrie,GA 31768

MINISTRY DEPARTMENT ACTIVITY WAIVER

The undersigned parent/legal guardian hereby give permission to First United Methodist Church, for my minor (insert minor's name) _____ to take part in any and all activities for the dates of August 1, 2018 – August 30, 2019.

Should my minor require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my absence, I hereby grant the Church authority to release my minor for medical treatment to such medical personnel as the Church determines appropriate under the circumstances.

Minor's Allergies/Medications: _____

Date: _____ Parent/Guardian Signature: _____

Telephone number(s): Cell/Home _____ Work _____

Emergency Contact: _____

Emergency Number: _____

Special instructions or medical conditions: _____

Notary Section:	
State of ____ County of _____ My commission expires on _____	

Notary Public's Signature	Notary Public's Name

The above signed parent or legal guardian has the following form of health/accident insurance covering the minor:

Company

Member Number