

**First United Methodist Church**

409 1<sup>st</sup> 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, 2019 – August 30, 2020.

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