

EMERGENCY MEDICAL RELEASE FORM
NEEDS TO BE NOTARIZED

NAME OF CHILD PARTICIPANT _____

FULL ADDRESS _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

EMERGENCY CONTACT PERSON _____

HOME PHONE _____ WORK PHONE _____

MEDICAL INSURANCE CARRIER _____

POLICY NUMBER _____

PLEASE LIST ANY MEDICAL ALLERGIES, MEDICATIONS BEING TAKEN, MEDICAL PROBLEMS OR OTHER
PERTINENT INFORMATION: _____

I UNDERSTAND THAT, IN THE EVENT MEDICAL TREATMENT IS REQUIRED, EVERY EFFORT WILL BE MADE
TO CONTACT ME. HOWEVER, IN THE EVENT I CANNOT BE REACHED, I GIVE MY PERMISSION TO AN
ADULT REPRESENTATIVE OF FIRST UNITED METHODIST CHURCH OF SPRING HILL TO SECURE THE
APPROPRIATE AND NECESSARY CARE FOR MY CHILD.

(Parent or Legal Guardian...To be signed in presence of Notary)

SIGNED _____ DATE _____

TO BE COMPLETED BY A NOTARY PUBLIC

State of Florida, County of _____

The foregoing instrument was acknowledged before me on this _____ date of _____, 2019
by (print name) _____ who is personally known to me, or has
produced (a type of identification) _____ and did not take an oath.

Notary Public Signature _____

Name of Notary (Print) _____

My Commission expires: _____

My Commission Number is: _____

(NOTARY SEAL)

First United Methodist Church
9344 Spring Hill Drive
Spring Hill, FL 34608
352-683-2600 x 2016/2015