

Pikeville United Methodist Church
Emergency Release/Permission Form

Name: _____ Birth Date: _____ Grade: _____

Student Social Security Number: _____

Parent/Guardian Name(s): _____

Church: _____ District: _____

Address: _____ Zip _____

Email: (parents) _____ (student) _____

Phone: (home) _____ (work) _____

Others: _____

In case we cannot reach you whom should we call next:

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance Company and Policy # _____

Special Medical Information _____

I give _____ my permission to go and participate with Pikeville United Methodist Church on their trip to Winter Xtreme in Gatlinburg, TN. I fully understand the dangers and risks involved in the activities that my child will be participating in and will assume all Responsibility of injury in connection with them, releasing and discharging Pikeville United Methodist Church, Chris Bartley and the Counselors/Sponsors involved with this trip, of responsibility. In case of emergency, I hereby give permission to the physician selected by the leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above, if I cannot be immediately reached guaranteeing payment of such treatment.

Signature of Parent or Guardian: _____

Today's Date: _____