

**Northwest Hills United Methodist Church  
2012 Health and liability Form**

I hereby give permission for \_\_\_\_\_  
to attend the youth activity with Northwest Hills United Methodist church. It is my  
understanding that only authorized vehicles and drivers will be used. I understand that the church  
has insurance coverage which includes this trip.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Participant's name \_\_\_\_\_

Parent or Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency contact  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Treatment**

In the event of an illness or accident that requires immediate medical treatment to

\_\_\_\_\_ at a time when a parent cannot be located, I give  
permission for an approved representative of Northwest Hills UMC to authorize such treatment.  
I will not hold the church or medical personnel responsible. In signing this I understand that  
every attempt will be made to contact the child's parents, legal guardian, physician, or other  
persons listed for emergency contact.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Other persons who may be notified if parents/legal guardians cannot be contacted:

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_