

**APPENDIX H**

POLICY OF THE TOWSON UNITED METHODIST CHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

**PARENTAL RELEASE AND MEDICAL FORM (GENERAL)**

The Towson United Methodist Church

In connection with any activities or events in which \_\_\_\_\_, my child (or ward), participates that are held, supervised, conducted, or sponsored by The Towson United Methodist Church (TUMC), I hereby waive, satisfy, release, and forever discharge TUMC and its affiliates, its officers, directors, trustees, employees, volunteers, servants, agents, and successors, and assign from and against any and all claims, demands, costs, expenses, liabilities, judgments, sums of money, actions, and causes of action of whatever kind and nature including, without limitation, those predicated upon negligence. This is intended to be a general release and waiver including, but not limited to, all claims for property damage, personal injury and any and all other damages of any kind or nature.

I further authorize any adult representative of TUMC to approve any medical treatment that might be required during any such activity or event.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please list any known allergies and preexisting medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Information**

\_\_\_\_\_  
Company

\_\_\_\_\_  
Policy #

**Emergency Phone Numbers**

Parent/Guardian's Name \_\_\_\_\_

Phone \_\_\_\_\_

Beeper \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Other Emergency Contacts**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

The Towson United Methodist Church  
501 Hampton Lane, Towson, MD 21286  
Phone: 410-823-6511 Fax: 410-823-8916