**First United Methodist**

**Consent for Emergency Medical Care**

**As a participant in the Respite Program of First United Methodist Church of Montgomery, I hearby give permission to staff (paid and volunteers) to provide direct emergency care for minor emergencies or to access 911 emergency medical services as deemed necessary. I hereby give my full and unconditional approval for said staff to secure emergency medical care.**

**Any resultant bill will be the responsibility of the participant and/or caregiver/ guardian. Said individual (s) will be responsible for filing and all medical insurance claims.**

**In the event a medical situation is not an emergency, staff may request that a doctor see the participant. It is understood that the participant cannot return to the program without a report concerning the incident.**

**I will not hold any of the staff (paid or volunteer) of FUMC responsible for any injury, which occurs to the named participant during the course of the program. I acknowledge that FUMC cannot and does not assume responsibility for the undesirable incidents or injuries should the participant leave the program site without permission.**

**Every reasonable effort will be made to ensure the safety of the participant.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian (relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Physician Name and Phone :

Hospital of Choice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_