



Wesley United Methodist Church

566 N. 5th Street, San Jose, California 95112 • 408-295-0367

Emergency Contact Information and Volunteer Release and Waiver of Liability for Minors

Volunteer Information

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Date of Birth: ____ / ____ / ____

In Case of Emergency Contact Information

Name: _____ Relationship to Child: _____

Cell Number: (_____) _____ Alt. Phone Number: (_____) _____

Name: _____ Relationship to Child: _____

Cell Number: (_____) _____ Alt. Phone Number: (_____) _____

Parent/Guardian Permission for Care & Treatment of Minor or Dependent Adult

As parent(s)/guardian(s) of _____, I hereby grant permission and empower the staff of Wesley United Methodist Church, its pastors, staff, counselors, advisors, and/or agents, (hereinafter WUMC), to make any necessary decisions involving the above said child, youth or dependent in case of emergency. In no event will the United Methodist Church or WUMC, its pastors, staff, counselors, advisors, and/or agents be held liable for any first-aid rendered, treatment, drugs, medicine, or surgical procedures performed pursuant to this consent. In said case, the parent(s)-guardian(s) will be responsible for any expenses incurred for any procedures performed. In the event of emergency, every effort will be made to contact the parent(s)/guardian(s) before any medical services may be rendered, aside from the administration of general first-aid. Copies of this form made by the staff of WUMC will be considered as an original.

This Medical Release and Authorization is in effect on (event/date): **Wesley UMC Rummage Sale: June 4-7, 2025**

Parent Name (please print)

Date

Parent Signature

Date