

Aldersgate United Methodist Church
Open Arms Ministry
3926 Old Denton Road
Carrollton, Texas 75007

Participant's Name: _____

We must have a completed release form for **each** person in our care. Please read the following information carefully and sign below.

- I will provide **all** needed supplies for my dependent while attending Open Arms. I understand that the staff cannot provide these items for my dependent.
- I understand that pictures and film may be taken at Open Arms for the purposes of publicity, pictorial recordings, and identification. I give my permission for my dependent to be photographed while at Open Arms.
- I understand that the only medications Open Arms' staff will administer are medication that I provide. All medications will be administered by a nurse.
- I authorize Open Arms to administer medical assistance in case of an emergency. I understand that in case of a medical emergency, 911 will be called. Upon arrival, EMS will administer emergency assistance and if necessary, my dependent will be transported to the nearest medical facility for treatment. I understand that I will be contacted immediately by Open Arms' staff via the phone numbers I provided at the check-in desk. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services for my dependent.
- I have fully disclosed to Aldersgate United Methodist Church all pertinent facts about my dependent's special needs and accept full responsibility for failure to do so.

By signing below, I understand and agree with the above listed items and authorize Open Arms at Aldersgate United Methodist Church to care for my dependent on the second Saturday of each month from 2:00-5:00PM.

Parent/Guardian Signature: _____ Date: _____

Staff Review: _____ Date: _____