

2009 Medical Release Form

Name of Youth _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian _____

Home Phone _____ Work Phone _____

Cell Phone (parent) _____ Cell Phone (youth) _____

Adult e-mail _____ Youth email _____

Additional persons to notify in case of emergency.

#1 _____ -Relationship _____
Phone _____

#2 _____ Relationship _____
Phone _____

Family Physician _____ Phone _____

In the event of an emergency where medical treatment is required I give my permission to the church staff or sponsor to obtain the services of a licensed physician or emergency medical team. Please attempt to notify me immediately concerning any such emergency.
Comments or medical information : _____

Allergies or other health issues we should be aware of:

Insurance information:

This release is valid for all youth activities, including the 2009 Ski Trip, Mission Trip, Float Trip and any other activities, trips and special events which are chaperoned by authorized adults and approved by the youth director of First United Methodist Church, which occur between Jan 1, 2009-Dec. 31, 2009.

Signed _____ Date _____
(Parent or legal guardian)