

Faith United Methodist Church
Youth Group Medical Release/Permission Form

Student's Name:

(Last) (First) (Middle)

Date of Birth: ___/___/___ Age: _____ Grade _____

Address:

(Street) (City) (State) (Zip Code)

Phone Contacts: Home _____ Cell _____
Other _____

Parent/Legal Guardian Information:

Mother: _____ Work Phone: _____

Home/Cell Phone: _____ Email: _____

Address (if different from above): _____

Father: _____ Work Phone: _____

Home/Cell Phone: _____ Email: _____

Address (if different from above): _____

Guardian: _____ Relationship: _____

Work Phone: _____ Home/Cell Phone: _____

Email: _____

Address (if different from above): _____

Alternate Emergency Contact:

Name: _____ Daytime Phone _____

Evening Phone _____

Address: _____

(Street) (City) (State) (Zip)

Health Form

Allergies/Special Health Concerns:

Medication(s) you can NOT take:

Medication(s) being taken:

Special Dietary Needs:

Insurance Information

Insurance Company: _____

Phone: _____

Address:

(Street) _____ (City) _____ (State) _____ (Zip) _____

Policy #: _____ Group #: _____

Preferred Doctor: _____ Phone _____

Preferred Dentist: _____ Phone _____

Preferred Hospital: _____ Phone _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of, or during, participation in Youth Group, every reasonable effort will be made to contact the persons listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to the Director of Student Ministries to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately. I hereby release Faith United Methodist Church, as well as its staff and adult volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my child's involvement.

Signature of Parent/Guardian: _____

Date: _____

Permission for Participation in Youth Activities and Photo Release

I, the undersigned, also authorize the participation of the subject of this form in all activities relating to Youth Group. I understand that this form is effective for every Youth Group event/meeting. I understand that it is my responsibility to provide any updates to this information to Faith United Methodist Church throughout my child's participation in Youth Group. We, the guardian and the participant, also give Faith United Methodist Church permission to use the participant's image in any publication materials that might be used to promote the ministry in the future.

Signature of Student: _____

Signature of Parent/Guardian: _____

Date: _____