

Duluth First United Methodist Youth Medical Release Form

Name: _____ Date of Birth: _____ Grade level: _____

Address: _____ City: _____ State/Zip: _____

Parent Name/s _____ Best Phone # _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Address: _____ City: _____ State/Zip _____

Custody Restrictions: _____

I, _____, do hereby release authorization and give permission to Duluth First United Methodist Church to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify Duluth First United Methodist Church, its directors, employees, and agents for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said participant.

In the event of an emergency, I hereby authorize an adult leader of this ministry, as an agent for me, to consent to an x-ray; examination; emergency transportation; medical, dental, surgical diagnosis; treatment or hospital care advised and supervised by a physician, surgeon, or dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. We further assume responsibility for the decision so made and the emergency care or treatment so secured (for our child). We understand that, given proper time and circumstances, we will be notified by phone as soon as possible when treatment is needed or secured. Furthermore should it be necessary for the participant to return home due to a medical condition, disciplinary action, or otherwise, we assume all transportation costs.

Signatures of Custodial Parent or Legal Guardian

Date

Youth Participant Only: I have read the above and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of this Ministry.

Youth Signature

Date

Medical information

Allergies or Drug Sensitivities _____

Medications being taken (Please fill out Medication Dispensing Form if need to be taken during event.) _____

Should there be a need, my student may request the following medicines: (Circle medicines may give)

Advil, Motrin, Tylenol, Pepto Bismol, Tums, Imodium (or) ALL

Restrictions on Activities _____

Date of last Tetanus booster _____

Pertinent past medical history _____

Diagnosed Behavior Disorder: _____

Insurance Policy and I.D. # _____

Find Attached front and back copy of Medical Insurance card _____

Emergency Contact Form

In case of emergency, contact the following only if parents not available:

Name _____ Name _____

Best phone # _____ Best phone # _____

Address _____ Address _____

Relationship _____ Relationship _____