

First United Methodist Church Youth Ministry August 1, 2018 – August 31, 2019
RELEASE FORM: Medical, Transportation, Supervision, Photo, Communication

NAME of Participant _____ T-SHIRT SIZE _____

GRADE _____ M or F
ADDRESS _____ ZIP _____
EMAIL _____
HOME PHONE (____) _____ CELL PHONE (____) _____
NAME of Parent or Guardian _____
EMAIL _____ CELL PHONE(____) _____

MEDICAL INFORMATION

DATE of BIRTH _____ HEIGHT _____ WEIGHT _____
RECENT ILLNESS(ES) _____
PAST OR PRESENT MEDICAL PROBLEM(S) _____
MEDICAL CONDITION(S) _____
ALLERGIES _____ DATE OF LAST
PREVIOUS HOSPITALIZATIONS _____ TETANUS SHOT _____
CURRENT MEDICATION(S) _____

*Off campus activities: Medications **must** be in original container & given to leader so that F UMC can administer them effectively.*

FAMILY DOCTOR _____ PHONE (____) _____
INSURANCE CARRIER _____ PHONE (____) _____
WHAT ELSE DO WE NEED TO KNOW? _____

(write on back if needed)

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD AND SOCIAL SECURITY NUMBER OF PRIMARY INSURANCE HOLDER.

PARENT OR GUARDIAN WHO CAN BE REACHED DURING YOUTH ACTIVITIES

NAME _____ RELATIONSHIP _____
1st PHONE (____) _____ 2nd PHONE (____) _____

My signature herein serves as my agreement to permit supervision, transportation, photo/ video, and communication in accordance with the policies of First United Methodist Church (FUMC). I hereby release FUMC, its staff and volunteers of any liability in the event of accident or injury. Additionally, unless I expressly deny (in writing) FUMC authority to take and use photographic or other digital media representation of my youth, FUMC may use the same for any church purpose, in print or digital formats.

I, _____, AUTHORIZE ANY NECESSARY OR EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER.

SIGNATURE OF PARENT/GUARDIAN (of minors) OR Young Adult

DATE