

Medina First United Methodist Church Youth Group Medical Release

Medina FUMC Youth Activities

500 West Church St. Medina, TN 38355 Medical Release Form / Permission to Treat

Personal Information:

Name: _____

SS # (optional): _____ DOB: ____/____/____ Age: _____

Gender: _____

Address: _____

City: _____ State: _____

Zip: _____

Emergency Contact Information:

Parent/Guardian:

Cell Phone: (____) _____

Work Phone: (____) _____

Secondary Contact: _____

Relationship: _____

Home Phone: (____) _____

Work Phone: (____) _____

Insurance Information:

*Attach a copy of your insurance card to this form.

Insurance Co.: _____ Group#: _____

Policy#: _____ Cardholder: _____

Relationship to Cardholder: _____

Insurance Co. Address:

Insurance Co. Phone: (____) _____

Personal Medical Information:

Physician s Name: _____

Phone: (____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or Special Instructions
(Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you. Prescription
meds **MUST** be in pharmacy labeled bottles and name of doctor. Medication will only be
given out as prescribed.

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization - I hereby give permission to medical personnel selected by the participant Church sponsor/his designee to order X-rays, routine tests, and any treatment prescribed by a licensed provider for myself or the minor in which this form denotes.

In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the licensed provider selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for myself or the minor as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian _____

Date _____