

SHADY GROVE UMC CHILDREN/YOUTH MEDICAL
AUTHORIZATION AND RELEASE FORM

EFFECTIVE DATE: August 1, 2007 through September 31, 2008

YOUTH NAME _____ PHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

SCHOOL _____ GRADE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

I give my permission for my child, _____ to participate in the Shady Grove Student Ministries programs and events during the coming year.

I hereby release Shady Grove United Methodist Church, its staff and sponsors, from responsibility and liability for any injury or illness that my student may sustain during activities. In the event of an emergency, I authorize an adult leader of the activity, as agent for me; to consent to any treatment needed by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are needed. I expect to be contacted as soon as possible. It is my responsibility to update the information below with any changes.

SIGNATURE OF PARENT OR GUARDIAN _____

PRINTED PARENT NAME _____

INSURANCE COMPANY _____

POLICY NUMBER _____ MEMBER'S NAME _____

ALLERGIES _____

MEDICATIONS BEING TAKEN _____

EMERGENCY CONTACT #1 _____ Phone _____

EMERGENCY CONTACT #2 _____ Phone _____

