



# Medical Release & Permission Form

August 2017-August 2018

PLEASE PRINT

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Address: \_\_\_\_\_ phone: \_\_\_\_\_

Youth email: \_\_\_\_\_ Youth cell number: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Mother's/Guardian's cell: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Father's/Guardian's cell: \_\_\_\_\_

Parent's/Guardian's address: \_\_\_\_\_ Email: \_\_\_\_\_

If a parent or guardian cannot be reached in case of emergency, contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## MEDICAL INFORMATION

The following is requested in case any emergency treatment is required. A history of allergies, medicines and other pertinent health conditions/issues will help aid the adult supervisors and medical personnel determine the best course of action for your child.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please list any allergies, medications or other conditions we should be aware of: \_\_\_\_\_

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I hereby give permission for the above named youth, whom I am parent/guardian of to participate in youth activities sponsored by the Chardon United Methodist Church. I give my consent for emergency medical treatment by certified first aid personnel. In the event that additional treatments required, I understand the nearest Emergency Room will be the first provider of medical treatment. By signing below, it is understood that not filling the above information out in its entirety is the wish of the signer and that the signer absolves Chardon United Methodist Church, its staff and volunteers of any liability involving the medical treatment of the youth named above. All charges incurred for medical treatment and/or hospital admissions is the responsibility of the parent/guardian and will be handled directly with the care provider and the signer's insurance company. It is the parent/guardian's responsibility to ensure they have read and agree with all parts of this form.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I promise to adhere to the rules and expectations associated with youth group activities.

Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_



I do not want my youth's picture (names will NOT be used) on the church's website.