

YOUTH Medical Information & Release

Seaside United Methodist Youth Ministry, 1300 Seaside Rd. SW, Sunset Beach, NC 20468
2011-2012 School Year

Youth Name _____
(Please Print)

Grade _____ School _____ Date of Birth _____

Youth's Cell Phone # _____ E-mail _____

Parent's Names _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Parent's E-mail _____

Alternate person to contact in case of emergency _____

Phone _____ Relationship _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Health Insurance Company _____

Policy Number _____ Phone _____

Personal Medical Information

Allergies _____

Medical History _____

Current Medications _____

Dietary or physical restrictions _____

In the event I am unable to be reached at the numbers above, I hereby authorize emergency medical treatment, surgery, or dental care to be given to my son/daughter, as considered advisable or necessary in the judgment of an emergency medical professional or attending physician. I shall be liable and agree to pay all costs and expenses incurred in connection with any medical services need for my youth.

(Parent or Guardian) Signature Date _____

Permission Agreement

I give permission for my youth, _____ to participate in the planned activities of the Youth Ministry of Seaside United Methodist Church. I understand that volunteer adults will be chaperoning youth activities and will take reasonable action as they deem necessary to protect the best interests of all participants. In signing this document, my youth agrees to conduct himself/herself in a safe and orderly Christian manner and will abide by decisions made by the adult leaders. *I am aware that private transportation will be used when travel is necessary and give permission for my youth to ride with an adult for activities.* I release Seaside United Methodist Church and its employees and volunteers from any liability arising out of any injury, damage or loss which may be sustained by my youth during youth ministry.

I have read and understand the conditions described above, and I give permission for my youth to participate in Seaside United Methodist Church Youth Ministry activities.

Parent or Guardian

Date _____