

# First UMC Youth Ministries Permission & Medical Info Form

## Personal Info

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ (Emergency Contact) Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

## Medical & Insurance Info

Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
List any allergies, medications, etc \_\_\_\_\_  
Are all immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain \_\_\_\_\_  
Date of last Tetanus Shot \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
Medical Insurance Policy No. \_\_\_\_\_ SS # of Participant \_\_\_\_\_

## Medical Treatment & Liability Release FOR A MINOR

I, the undersigned parent or guardian, do hereby grant permission for my child to attend and participate in this event. In order that my child may receive the necessary medical treatment from the medical staff of the area hospitals, I hereby consent to medical treatment for my child for such injury or illness during this trip and authorize the designated adult or event staff to obtain such treatment. I hereby release and discharge the responsible adults, event staff, First UMC from any and all debts, judgments, or suits of any kind that may arise or be occasioned by the applicant's participation in this event.

I further acknowledge and understand that while participating in this trip that there is a possibility of physical illness or injury and that my child is assuming the risk for such illness or injury by her/his participation. Payment of any medical expenses will be paid by me or by my insurance company.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Parent/Guardian's Name Printed**

## Medical Treatment & Liability Release FOR AN ADULT

In the event that I am unable to answer for myself at a time of medical emergency, I hereby consent to my medical treatment for such injury or illness during this trip and authorize the trip leadership to obtain such treatment. I hereby release and discharge the responsible adults, event staff, First UMC from any and all debts, judgments, or suits of any kind that may arise or be occasioned by my participation in this event.

I further acknowledge and understand that while participating in this trip that there is a possibility of physical illness or injury and I am assuming the risk for such illness or injury by my participation. Payment of any medical expenses will be paid by me or by my insurance company.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name Printed**

## Persons to contact in an emergency:

- 1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_
- 2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_