

2010 – 2011 Evansville United Methodist Church Youth Group Medical Release Form

Participant Information			
Name of Participant: (First, MI, Last)	Grade:	School:	
Address:	City:	State:	ZIP:
Home Phone:	Date of birth:	Email address:	
Medical Concerns:			
Allergies:		Medications:	

Parent/Guardian Emergency Contact Information			
Name:	Relationship:		
Address:			
Home phone:	Work phone:	Cell Phone:	Email address:

Alternate Emergency Contact Information			
Name:	Relationship:		
Address:			
Home phone:	Work phone:	Cell Phone:	Email address:

Participant's Health Insurance Information	
Insurance/HMO Company Name:	Phone number:
Name of Policy Holder:	Policy number:

Authorization

I understand all reasonable safety precautions will be taken at all times by Evansville United Methodist Church, its staff and its agents and I will not hold Evansville United Methodist Church, its staff and its agents liable for any accident, injury or disease incurred by the participant. I understand that in the event medical intervention is needed, every attempt will be made to contact the persons identified above. As a parent, legal guardian, or I, who may otherwise do so by law, do authorize the following activities on behalf of the participant listed on this form:

- Emergency medical treatment
- Participation in on-site events sponsored by Evansville United Methodist Church Youth Group
- Participation in off-site events (field trips) sponsored by Evansville United Methodist Church Youth Group
- May use photographs in promotional materials
- May make available name, address and phone number information in an Evansville United Methodist Youth Group directory
- This authorization is made for the period of one year from the date signed, or until the beginning of the next Youth Group semester, whichever comes first.

Signature (Circle one) *Father / Mother / Guardian / Participant if over 18 years of age*

Date