

NEW CONCORD UNITED METHODIST CHURCH
MEDICAL RELEASE FORM

Youth's Name _____ **Date of Birth** _____

Medical/Health Information:

Allergies, medication, hay fever, insect bites, asthma, food,
other: _____

Other pertinent health history
information: _____

Does your child/youth have any conditions that would prevent him/her
from fully participating in this program? If yes, please explain (specific
activities/foods to
avoid): _____

List any medication to be taken during the event which will be kept by
the leaders during the event:

Preferred
Doctor _____

Phone _____

Preferred
Dentist _____

Phone _____

Preferred Eye
Doctor _____

Phone _____

Preferred
Hospital _____

Phone _____

EMERGENCY MEDICAL AUTHORIZATION

I give my consent for emergency medical treatment by a certified first aider. In the event that additional treatment is needed, the staff of the Emergency Room of the hospital listed above, or one closest to the event location, has my permission to treat my child/youth.

Parent/Guardian

Signature _____

Date _____

Parent/Guardian Name - please print

Address _____

Phone
(home) _____ (cell) _____

Employer _____

Hospitalization Plan and Group #

Copies will be kept in the church office and taken on youth group trips.