East Heights United Methodist Church
Youth Liability/Medical Release

Full Name _____Birthdate _____ Social Security #_____

Address _____ City_____ Zip_____ Phone_____

Personal Physician _____ Phone _____

Medical Insurance Carrier & Address_____ Phone _____

Policy Number _____Insured ID # _____Prescription Card #_____

Person to be contacted in case of emergency:

Name _____ Relationship_____

Daytime Phone:_____ Evening Phone: _____

Medication(s) you cannot take? _____

Medication(s) you are currently taking, please list name of medication, strength & dosage schedule: _____

_____

To be administered by (circle one): youth adult sponsor

Allergies/special needs, health problems or concerns: _____

_____

Does he/she have a current tetanus shot? Yes _____ Date _____ No _____

We being the parent(s) or legal guardian(s) of _____
Do release and agree to hold harmless East Heights United Methodist Church (EHUMC) and the director thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and youth-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved. Authorization and permission are given to EHUMC to furnish any necessary transportation, food, and lodging for our youth-participant. We, as parents/legal guardians of the youth-participant, give our permission for him/her to participate fully in the trip/activity. We give our consent/permission to take said participant to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and we will assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the minister/trip leader may choose a reputable physician. Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

_____ _____

Father Date Mother Date

(Both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.)

We ask you to review this information annually to acknowledge it is up to date. Please initial to acknowledge it has been reviewed: _____2011 _____2012 _____2013 _____2014_____2015_____2016