East Heights United Methodist Church Children and Youth Liability/Medical Release

Full Name	Birthdate	Social S	Social Security #	
Address	City	Zip	Phone	
Personal Physician		Phone		
Medical Insurance Carrier & Ad	idress	Phoi	ne	
Policy Number	Insured ID #	Prescript	tion Card #	
Person to be contacted in case of	of emergency:			
Name	Relations	ship		
Daytime Phone:	Evening I	Phone:		
Medication(s) you cannot take?				
Medication(s) you are currently	taking, please list name of med	dication, strength &	dosage schedule:	
Allergies/special needs, health p Does he/she have a current tetar				
East Heights has permission to specific to East Heights.				
We being the parent(s) or legal g and agree to hold harmless East I liability, claims, or demands for p the parent/guardian and youth-parenticipation in recreational active necessary transportation, food, a participant, give our permission for said participant to a doctor or hosp medical treatment, and we will a contacted if at all possible and that be reached, the minister/trip leade home due to medical reasons, disc	Heights United Methodist Church ersonal injury, as well as damage urticipant, assume all risk of pervities involved. Authorization and lodging for our youth-participar him/her to participate fully in the pital and authorize medical treatments are the responsibility of all reat our family physician will be correct may choose a reputable physician.	e (EHUMC) and the de and expenses, of any resonal injury, damage and permission are given ipant. We, as parents to trip/activity. We givent, including but not medical bills, if any and the trip/activity if any. Intacted if possible, but an Should it be necessioned.	irector thereof from any and all a nature that may be incurred by e, and expense as the result of yen to EHUMC to furnish any salegal guardians of the youther our consent/permission to take limited to emergency surgery or We understand that we will be t in the event that he/she cannot sary for the participant to return	
Father (Both parents must sign unless)	Date Moth		Date Custodial parent must sign)	
We ask you to review this infor	•	ge it is up to date. Pl	•	