

Medical Release Form 2018 Northwoods United Methodist Church Youth

Student Name _____

Student DOB _____

Address _____

Emergency Contact Name _____

Emergency Contact Cell _____ Work _____

List any known allergies below:

List Any Special medical conditions or concerns below:

Medications Currently Taking:

/Current Medical Provider _____

Policy Number: _____ Phone: _____

Release: I, the undersigned, am the legal guardian of the student mentioned above, a minor and have given my consent for him/her to participate with activities hosted by Northwoods United Methodist Church, or other affiliated churches or conference events,. In the event he/she is injured during an event, and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by proper medical professionals. I understand that I am responsible for the cost of all medical care that is not reimbursed by the health care provider, and I agree to hold Northwoods United Methodist Church, and all volunteers and staff free and harmless of claims, suits, and demands which may arise from giving of such consent. Further, I affirm that the above insurance information is correct, and I will keep it up to date if it should change.

Parent Signature _____