

YOUTH MEDICAL RELEASE / INSURANCE FORM

North Shore United Methodist Church – Youth Ministries (23880 N. Cranes Mill Rd. Canyon Lake, Texas)

This release is valid until September 1, 2020.

Name: _____ Birth Date: _____ Grade: _____

Address: _____

Email: _____ Social Security No.: _____

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under the church's authority when parents or guardians cannot be reached.

Mother's Name: _____ Phone: (____) _____

Father's Name: _____ Phone: (____) _____

Guardian's Name: _____ Phone: (____) _____

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: (____) _____

Dentist: _____ Phone: (____) _____

Hospital Preferred: _____ Emergency Phone: (____) _____

Hospitalization Carrier Name: _____ Policy No.: _____

Any chronic illness: _____

Drugs currently taken: _____ Frequency: _____

_____ Frequency: _____

_____ Frequency: _____

Student is permitted to take Tylenol for headache? _____ YES _____ NO

Student subject to motion sickness? ___ YES ___ NO If Yes, what medication can be taken: _____

Allergies: _____

This consent form gives permission to seek whatever emergency medical attention is deemed necessary, and releases North Shore United Methodist Church and its staff of any liability against personal losses of _____ (student name). I/We understand that there are inherent risks involved in any ministry, youth event, and/or youth retreat, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the immediate attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event emergency treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date, and will, to the best of my /our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministry staff.

Parent or Guardian Signature: _____ Date: _____

Please include a copy of your student's Medical Insurance Card
