

**MEDICAL RELEASE FORM
YOUTH
FIRST UNITED METHODIST CHURCH OF TUSCALOOSA**

Adult Tee Shirt Size:

S M L XL

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Cell Phone Carrier: _____

School: _____ Grade: _____ Email: _____

Primary Emergency Contact for Youth (Parent/Guardian)

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Cell Phone Carrier: _____

Health Insurance: _____ Policy #: _____ Group #: _____

Name of Policy Holder: _____ DOB (policy holder): _____

Doctor's Name: _____ Doctor's Phone: _____

Permission is or is not granted [**check one**] for this youth to receive OTC medications from trip coordinator as needed. **Parent/Legal Guardian initials:** _____

Health History: List any **allergies, conditions** or **special instructions** (use back of sheet if necessary): _____

I, _____, give permission to seek treatment for my child in an emergency.

Parent/Guardian Signature: _____ Date: _____

**PLEASE INCLUDE A COPY OF THE FRONT & BACK OF YOUR
STUDENT'S INSURANCE CARD!**