

ANNUAL EMERGENCY CONTACT AND MEDICAL RELEASE FORM

MEMORIAL UNITED METHODIST CHURCH YOUTH MINISTRY, 2015-2016

Youth Name: _____ Birth Date: _____ Grade: _____
SS#: _____ Youth Phone: _____ Text? Yes No Shirt Size: _____
Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact #1: _____ Relationship _____
Primary Phone: _____ Secondary Phone: _____
Emergency Contact #2: _____ Relationship _____
Primary Phone: _____ Secondary Phone: _____
Family Physician: _____ Phone: _____
Family Insurance Company: _____ Policy #: _____

Medical Information: (Check all that apply for past and/or current medical conditions)

Asthma Diabetes Heart Trouble Kidney Trouble Dizziness Severe Upset Stomach
 Anxiety Depression Severe Mood Swings Other: _____

Allergies: (food) _____
(medicine) _____
(insect stings/bites) _____
(poison ivy, oak, sumac) _____

Previous Serious Illness or Operations: _____

Current Medications: _____

Special Diet: _____

Date of Last Tetanus Booster: _____ Youth Blood Type: _____ (if known)

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes, please explain: _____

Any other information that we should be aware of: _____

Medical Release:

I fully understand the dangers and risks involved in the activities that my child will be participating in and will assume all responsibility of injury in connection with them, releasing and discharging Memorial UMC, Jacob Bryant and all Counselors/Sponsors involved with the trip, of responsibility. In case of emergency, I hereby give permission to the physician selected by the leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child, as named above, if I cannot be immediately reached guaranteeing payment of such treatment.

Parent/Guardian Signature: _____ Date: _____

Photography and Publishing Consent:

Do you give permission to Memorial United Methodist Church to take photographs and/or quotes (testimonies, jokes, etc.) of your youth to be posted on our church/ministry website, social media (facebook, twitter, Instagram, et al.), advertisement and promo videos, slide shows, and other ministry purposes? (Circle one)

YES

NO

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD

Thank you for providing this very important information regarding your youth.
This will help us to keep your youth safe and healthy while on our trip. God bless.

-Jacob Bryant, Director of Youth Ministries