

Walkersville United Methodist Church permission and medical release form for church/school year 2017-2018

*Please return this form ASAP.*

*It must be on file prior to attending youth outings.*

As parent/legal guardian of \_\_\_\_\_, I agree not to hold Walkersville United Methodist Church or its staff responsible for any injury that may result from my child's participation in the student ministry events for the church/school year 2016-2017. I understand all reasonable safety precautions will be taken at all times by Walkersville United Methodist Church and its staff and volunteers during the events and activities. I am also giving the staff members the authorization to secure emergency medical treatment should it be deemed necessary for my child(ren).

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School: \_\_\_\_\_ grade: \_\_\_\_\_

Home phone # \_\_\_\_\_ cell# \_\_\_\_\_

Student's e-mail: \_\_\_\_\_

Parent's email(s) : \_\_\_\_\_

*Parental consent is necessary for us to email, text, or Facebook message any youth under the age of 18. May we at WUMC contact your youth with information about our programs? Yes*

or No (please circle) Parent signature \_\_\_\_\_

Birthdate month/day/year \_\_\_\_\_

Physicians name \_\_\_\_\_ phone # \_\_\_\_\_

Insurance provider \_\_\_\_\_

Policy # \_\_\_\_\_

Dentist name \_\_\_\_\_ phone# \_\_\_\_\_

Dental carrier \_\_\_\_\_

Policy # \_\_\_\_\_

List any allergies \_\_\_\_\_

Any medications \_\_\_\_\_

In case of an emergency, list 2 persons to contact w/ phone#.

1. \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

\_\_\_\_\_

Cell# \_\_\_\_\_

\_\_\_\_\_