

MEDICAL RELEASE FORM

UMC of the Dunes – Youth Department Use

Name of Participant _____

Full Address _____

Date Of Birth _____ Phone _(Home)_____

Emergency Contact Person _____ Phone _____

Name of Insurance Co. _____ Policy # _____

Policy Holder's Name _____ SSN is Necessary if this is your medical Policy #:_____

Insurance Contact Number _____

Physician Name _____ Phone _(Doctor's Office)_____

Please List any medical allergies, medications being taken, medical problems, or other pertinent information:

I hereby give my permission for _____ to be treated by competent medical personnel as a result of any accident or medical emergency while involved on a UMC of the Dunes Event. I understand that in the event medical treatment is required, every effort we made to contact me. However, if I cannot be reached, I give my permission to United Methodist Church of the Dunes Staff or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed _____ Date _____

(Parent or Legal Guardian)

WAIVER OF LIABILITY STATEMENT

I, parent or legal guardian of the youth listed below, hereby release the United Methodist Church of the Dunes, together with the adults in charge, from any and all claims resulting from injury, damage or death that may be sustained by my child.

Name of Youth Participant

Signed _____ Date _____

(Parent or Legal Guardian)