

SUDBURY UNITED METHODIST CHURCH (SUMC)
MEDICAL RELEASE FORM
VALID
1 SEPTEMBER 2010 TO 31 AUGUST 2011

Youth's Name: _____ Birth Date: _____ Grade: _____

Address: _____ Phone Number: _____

Emergency Contacts

Father's or Guardian Name: _____

Address (if different from youth): _____

Home Phone Number: _____ Work Phone Number: _____

Mother's or Guardians Name: _____

Address (if different from youth): _____

Home Phone Number: _____ Work Phone Number: _____

If Parent(s)/Guardian(s) cannot be contacted, name of additional person to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Medical Information

Are there any special medical needs or allergies? (Specify) _____

Are there any required medications or special foods? (Specify) _____

I, _____, have read this form and confirmed the information entered. I accept the terms and conditions as stated in the *Youth Behavioral Covenant*. I give permission for my child to participate in youth activities under direction of the Youth Staff, both within and outside of Church grounds. I also give permission for the Youth Staff to authorize medical treatment for my child in case of emergency, by and under the recommendation of qualified medical personnel.

(signature of parent or guardian)

(date)

I give SUMC permission to post pictures of me/my child taken at youth events on bulletin boards within the church. (Please initial) **Parent** ___ Yes ___ No **Youth** ___ Yes ___ No

I give SUMC permission to post pictures of me/my child taken at youth events on the Church Webpage. (Please initial) **Parent** ___ Yes ___ No **Youth** ___ Yes ___ No

I give SUMC permission to send pictures to the newspaper for the purpose of publicity. I understand that if names are used, only my/my child's first name will appear. (Please initial) **Parent** ___ Yes ___ No **Youth** ___ Yes ___ No