

Youth Medical and Transportation Release

Trinity United Methodist Church

100 S. Blake Ave-PO Box 3697, 98382 - (360) 683-5367

PARTICIPANT INFORMATION:

Name

Home Phone

Street Address or P.O. Box

Email Address

City, State, Zip Code

Gender: F M Grade: 6 7 8 9 10 11 12 Age: ____

HEALTH INFORMATION:

Emergency Contact

Relation to Participant

Home Phone

Cell Phone

Doctor's Name

Doctor's Phone

Insurance Provider

Policy Number

Any limitations to physical activities (circle one)? YES No

Do you have allergies to any medications or other things (circle one)? YES NO

Do you have any food restrictions or special needs (circle one)? YES NO

If YES to any of the above, please explain:

Other items of medical information we should have about the participant:

In signing this form, I hereby certify this information is correct. In CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to notify the emergency contact person named above. In the event that person cannot be reached, I give permission to the responsible adult to notify a physician, and I give permission to that physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for participant named above. Finally, adults involved with youth group events cannot be held liable for accidental injury.

Parent/Guardian's Signature

Date

For special activities (i.e. field trips) away from Trinity United Methodist and Dungeness Valley Lutheran Churches, I _____, the parent or legal guardian of _____

hereby give the above churches permission to transport my child. _____
Signature of parent or guardian Date