

**TRINITY UMC YOUTH MEDICAL RELEASE
FORM JANUARY 1, 2012 - DECEMBER 31, 2012**

Youth's Name Last First Middle Date of Birth

Address/ Number/Street City, State Zip

Home Phone Name of Insured Relation to Youth

Insurance Provider Policy Number

Employer of Insured Employer's Address

Employer's Phone Youth's Parent's Names

Emergency Contact: _____ Phone _____

Secondary Contact: _____ Phone _____

Please list any maintenance medications your child is currently taking:

Please list any allergies (food, medical, organic)

Please list any medical conditions health professionals should be aware of (should this change prior to December 31, 2012, please notify the Youth Coordinator)

I, _____, recognized as legal guardian of the youth listed above, do authorize acting chaperones of Trinity United Methodist Church-sponsored youth activities, of which activities the above minor is a participant, to seek emergency medical attention for said minor if deemed necessary by acting chaperones or competent medical counsel. This authorization is applicable to all Trinity United Methodist church-sponsored youth activities, of which said minor is a participant, occurring at anytime on or between the dates of January 1, 2012 to December 31, 2012. I further absolve said chaperones and Trinity United Methodist Church of all financial and legal repercussions with respect to the pursuit of medical assistance for said minor.

Signed before me this _____ day of _____, 2012.

Signed - Parent/Guardian

Signed - Notary