

**TRINITY UMC YOUTH MEDICAL RELEASE FORM**

\_\_\_\_\_  
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, (Year:) \_\_\_\_\_, 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 \_\_\_\_\_ to \_\_\_\_\_. 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 (Month/Year:) \_\_\_\_\_.

\_\_\_\_\_  
Signed - Parent/Guardian

\_\_\_\_\_  
Signed - Notary