

**TRINITY UMC YOUTH MEDICAL RELEASE FORM**  
**JANUARY 1, 2010 - DECEMBER 31, 2010**

\_\_\_\_\_  
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, 2010, 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, 2010 to December 31, 2010. 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 \_\_\_\_\_, 2010.

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

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