

FIRST UNITED METHODIST CHURCH OF TROY  
YOUTH MEDICAL RELEASE AND PERMISSION FORM

(Please type or print legibly in ink)

Youth Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Addresses \_\_\_\_\_  
Youth \_\_\_\_\_ Parent \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom Cell Phone \_\_\_\_\_

Dad Cell Phone \_\_\_\_\_

Parent Work Phone \_\_\_\_\_  
Mom \_\_\_\_\_ Dad \_\_\_\_\_

Which phone number to call FIRST in an emergency \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Conditions/Medications \_\_\_\_\_

Allergies? \_\_\_\_\_ Contact Lenses? Yes No

Emergency Contact (not parent) \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

I \_\_\_\_\_ (Parent or Guardian) give my permission for \_\_\_\_\_ (Youth)

To participate in \_\_\_\_\_ (Activity)

I, who by law may do so, authorize the administration of emergency medical treatment to she/he who is the subject of this form. I understand all reasonable safety precautions will be taken at all times by First United Methodist Church of Troy personnel. I understand that in the event medical intervention is needed, every attempt will be made to contact the parent(s) above immediately. I also release First United Methodist Church of Troy and the leaders and drivers of responsibility for accidents incurred while my child is attending this event. I further understand that while my youth is participating in this event he/she may be in a vehicle with only one adult.

Photos of my child may be posted on the internet

Photos of my child MAY NOT be posted on the internet.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_