

Royal Oak First United Methodist Church
2009/2010 Youth Medical Release Form

I hereby give my permission for any and all medical attention deemed necessary to be administered to my child in the event of any accident, injury, sickness, etc., under the direction of the adult with my child, until such time as I may be contacted. This release is effective for the time my child is participating in the Royal Oak First United Methodist Church Youth Programs and any camps, field trips, classes or overnights from September 2009 through September 2010, including transportation to and from such events. I assume the responsibility for payment of any such treatment.

Youth's Name _____

Social Security Number _____

Known Allergies _____

Medical History _____

Date of Last Tetanus Shot _____

Parent/Guardian's Name _____

Address _____

Home Phone _____ Work Phone _____

Alternate phone _____

Medical Insurance Company _____

Policy Number _____

Insurance Co Address _____

Insurance Co Phone _____

Name of Prescription Coverage _____

Prescription Policy Number _____

Prescription Coverage Address _____

Physician's Name _____

Physician's Address _____

Physician's Phone _____

Emergency Contact Person _____

Contact Person's Phone _____

Signature of Parent/Guardian _____

Witnessed by: _____

Date: _____