

**PERMISSION / MEDICAL RELEASE  
FOR  
ST. Matthew's U.M.C. YOUTH ACTIVITIES**

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

As parent(s), legal guardian(s), or custodians(s) of this youth, I/we permit him/her to participate in all official supervised St. Matthew's United Methodist Church youth programs and activities for which he/she is registered. I knowingly release, absolve, indemnify, and hold harmless St. Matthew's United Methodist Church, its Members, Trustees, Administrative Board, Committees, and Staff, as well as counselors, organizers, workers, and all others acting on behalf of St. Matthew's United Methodist Church or its programs and activities, from all claims that might result from any accident, personal injury, illness and/or death to the youth named above.

In the event I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize John Henley, Youth Director, or any other counselor(s), to administer or authorize the administration of emergency medical treatment in case of illness or injury to the youth named above.

**In case of emergency, I may be notified at:**

(Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_

(Mobil Phone) \_\_\_\_\_ (Other Number) \_\_\_\_\_

**Name of person to contact if you cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Coverage:**

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Telephone Phone #: \_\_\_\_\_

**Medical History:**

Allergies: \_\_\_\_\_ Date of Last Tetanus shot: \_\_\_\_\_

Medications Being Taken: \_\_\_\_\_

Other Medical Information: \_\_\_\_\_

(List any previous illness, injuries, or special concerns of which church or hospital staff should know)

**Signature of Parent / Guardian / Custodian:** \_\_\_\_\_

Date: \_\_\_\_\_