

Medical Release for 2020 St. Paul UMC Youth Ministry Events
St. Paul United Methodist
750 Norland Avenue, Chambersburg, PA 17201

Name: _____ DOB: _____ Home Phone #: _____

Address: _____ Student Cell Phone #: _____

_____ Parent's Cell Phone #: _____

Name and Phone # of Emergency Contact Person: _____

Any special needs, medical concerns, physical or dietary restrictions? _____

Name of Medical Insurance Company: _____

Medical Insurance Policy #: _____

List any medications you are currently taking: _____

List any allergies, including medication allergies: _____

If I am unable to communicate at the time of a medical emergency of accident, I hereby give my consent to secure emergency medical assistance and treatment.

(signature of participant)

(date)

Consent to Treatment of Minor (for those under age 18)

The undersigned parent or legal guardian of _____, a minor, does hereby authorize adult leaders of St. Paul United Methodist Church, Chambersburg, PA, as agents of the undersigned, to consent to any examinations, x-rays, anesthetic, medical, or surgical diagnosis, or treatment and hospital care which is deemed advisable by a qualified physician or local hospital. I will assume responsibility for fees incurred by such an emergency.

(signature of parent or legal guardian)

Phone #: _____