

Trinity United Methodist Church

Medical Treatment Authorization and Permission Release

I (we) give _____ (*Name of Youth Member*)
Permission to attend and participate in the youth activities at Trinity United Methodist Church. I (we) recognize that membership and participation in the youth program is voluntary, and while every reasonable precaution will be taken for the safety and well being of the participants, there are certain risks inherent in trips away from home and church youth activities.

In the event of an emergency illness or injury to the youth member, the adult volunteer leaders of Trinity will make every reasonable effort to contact me (us) for permission to obtain emergency medical and/or dental care. However, if the circumstances do not permit, I (we) authorize and consent to such emergency medical and/or dental care and treatment as may be necessary for the prompt treatment of the illness or injury. I (we) further agree to be financially responsible for the cost of emergency treatment and agree to reimburse Trinity and/or the adult leaders for any expense incurred as a result of such emergency treatment.

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

During the times of most youth programs, I (we) can be reached at the following telephone numbers:

Area Code / Telephone Number

Name or Location

Area Code / Telephone Number

Name or Location

IMPORTANT: Emergency contacts other than a parent or guardian:

Area Code / Telephone Number:

Please Print Youth member's Full Name:

Youth Member's Date of Birth: _____

Allergies: _____

Current Medications: _____

***Important: If child is currently on any type of medication, please send to this event to be administered by a designated adult. ***

Name of Youth Member's Regular Physician and Telephone Number:

Please list any special needs and/or medication schedule:

Health Insurance Carrier and Contract / Policy:

Is it okay to give your child Advil or Tylenol if needed during the weekend? _____