



Information & Medical Release Form

New form required for each trip/retreat/activity. Must be submitted to Youth Director prior to departure.

Name _____ Birth date ____/____/____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip)

Phone Number _____

Other correspondence routes: _____
(e-mail) (Fax Number)

In case of emergency contact:

Name 1 _____ Daytime Phone: _____
(Parent, Spouse, Legal Guardian)

Evening Phone: _____

Address of Above _____
(Street) (City) (State) (Zip Code)

Name 2 _____ Daytime Phone: _____
(Parent, Spouse, Legal Guardian)

Evening Phone: _____

Address of Above _____
(Street) (City) (State) (Zip Code)

Other relative or responsible person:

Name _____ Relationship _____

Daytime Phone: _____ Evening Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Date of last Tetanus shot _____

Medication(s) you **cannot** take: _____

Allergies/special health problems or concern _____

Insurance Co. _____ Phone _____

Address: _____
(Street) (City) (State) (Zip)

Policy # _____ Policy Holder's Identification # _____

Doctor's Name _____ Phone: _____

Address _____
(Street) (City) (State) (Zip)

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Wilson United Methodist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders on this trip to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to the Youth Director.

I, on behalf of myself, my child and for myself and all other persons, hereby release and hold harmless Wilson United Methodist Church and its adult leaders for any injury, illness, death or other accident which may occur on this trip. I understand that the trip involves travel as well as involvement in physical activities of which both tasks are potentially dangerous. I understand that Wilson United Methodist Church does not carry medical insurance on people participating in their activities. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

Media Release Statement: In signing this document I also give Wilson UMC permission to use photographs or video footage of my child for use on our website or other church publications.

This is the _____ day of _____, 20_____

Signature (Participant) - I certify that I am 18 years or older

Signatures/Relationship (Parents or Guardians of minor participants)

Note to Parents: Our ministry requires a new Information and Medical Release form to be completed for each trip we take because of our responsibility to stay current on the health of each participant, their medications and on the emergency contact information for each participant on the given dates of each trip. To make things easier, you might consider doing the following:

- 1) Complete all current information on the form, but don't sign it.
- 2) Make a number of photo copies of the form without signatures
- 3) When it's time to turn in a form, simply update a form in handwriting and *then* sign it and turn it in.

We are honored to share Christ's love with you and your family! We are also committed to caring for the physical well-being of each of our youth ministry participants.