

SUNCREEK UNITED METHODIST CHURCH
1517 W. McDermott – Allen, TX – 75013 – 972-390-1695

YOUTH MEDICAL RELEASE FORM

This form must be filled out by all youth AND adults participating in Suncreek UMC Youth events outside the walls of the church. It will be kept on file as long as the person remains active at Suncreek UMC. It is the responsibility of the parent(s) or guardian to update this form as needed.

PLEASE PRINT CLEARLY

Name of youth: _____

Date of birth: _____ Anticipated year of high school graduation: _____

In the event that the above referenced person becomes ill or sustains injury on any authorized and chaperoned outing from Suncreek UMC, 1517 W. McDermott, Allen, TX, 75013 I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid.

I also consent, in the event that I cannot be contacted, to emergency treatment for my youth (or myself) which may include x-ray examination, anesthetic, medical (or dental) surgical diagnosis and treatment and hospital care; and supervision, and upon the advice of a duly licensed physician and/or surgeon. I also understand that I am responsible for any and all costs that these services incur.

I will not hold Suncreek United Methodist church, its staff or volunteers liable in the event of injury or illness involving my youth (or myself).

Medical Insurance Co: _____ Policy No. _____

Physician's Name: _____ Physician's Phone No: _____

Does your insurance carrier require a pre-admission call? _____ If yes, what is the Phone No.? _____

Allergies: _____

Is your youth on any medication? _____ If yes, please name medications, dosage & prescribing physician: _____

Any other special medical conditions we should know about? _____

Printed Name of parent, legal guardian or adult: _____

Address: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Signature of parent, legal guardian or adult

[notary seal] _____
Notary Public, State of Texas