

# White Plains UMC Youth Ministries Medical Release and Contact Form

To be updated yearly for participation in WPUMC youth events

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Cell Phone (if they have one): \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

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

Parent's Work Phone(s) or Mobiles: \_\_\_\_\_

Emergency Contact if a Parent cannot be reached: \_\_\_\_\_

Emergency Contact Phone# Home: \_\_\_\_\_ Work/Mobile: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Pager or Mobile: \_\_\_\_\_

Is this youth allergic to any medications, foods, bee stings, etc. \_\_\_\_\_ If so please list allergies:

\_\_\_\_\_

Is this youth under a Doctor's care or take any medications regularly? \_\_\_\_\_ Please list type and dosage:

\_\_\_\_\_ Blood Type: \_\_\_\_\_

**Please list any other medical information we should know on the back or on an attached sheet:**

### Please read the following and sign below:

I (we) give permission for my (our) minor child to ride in a vehicle designated by the adult leader(s) in whose care the youth has been entrusted while attending and participating in activities sponsored by *White Plains United Methodist Church*. The adult leader(s) are authorized to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis, treatment, or hospital care rendered under the supervision and advice of a licensed Physician or Dentist either at an office or hospital. I approve the use of photographs taken during youth events that include my child (with no identifying information) to be displayed on the White Plains UMC youth website.

The undersigned shall be liable and agree to pay any and all costs incurred by any medical or dental services rendered to this youth as authorized above. Should it be necessary for this youth to return home for any reason medical, disciplinary, or other, the undersigned shall assume all transportation costs. I (we) have read this authorization and agree.

Parent(s) or Gaurdian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_