

Jasper First United Methodist Church Youth Medical Release Form

I hereby give permission for any and all necessary medical attention to be administered to my child (*name*) _____ in the event of accident, injury, sickness, etc., while they are under the care of the person(s) designated below, until such time as I may be contacted.

If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required and determined by the appropriate health care professional who is present.

This release is effective from (date) 1/01/2010 to 12/31/09.

I hereby assume responsibility for payment of such treatment and have attached my child's insurance information.

My name: _____
Phone (H): _____ (W): _____ (Cell) _____
My home address: _____
City: _____ State: _____ Zip: _____

My insurance policy number is: _____
My child's physician: _____ Physician's Phone: _____
Physician's Address: _____

Secondary Emergency Contacts:
Name: _____ Phone: _____
Name: _____ Phone: _____

Known allergies or medical conditions of child: _____

Medications child takes: _____

Parent's name (print): _____
Signature (parent): _____

Date: _____