

**BUMC YOUTH FELLOWSHIP
MEDICAL RELEASE FORM ~ 2011 – 2012**

Use Black Pen Only

Youth Name: _____ Sex: _____ Date of Birth: _____

Grade Entering in September, 2011: _____

Youth E-Mail: _____ Cell Phone: _____

Address: _____

Parent/Guardian Name(s): _____

Home Phone No. _____ Parent/Guardian Work No. _____

Parent/Guardian Cell Phone: _____ E-Mail: _____

Emergency Contact other than Parent/Guardian:

Name: _____ Phone: _____

Primary Medical Insurance Co.: _____ Policy No. _____

Family Dr.: _____ Phone: _____

Last Tetanus Booster: _____ **Optional:** ___ attached is a copy of the prescription card

Medical Allergies: _____

Food Allergies: _____

Other Pertinent Medical Information: _____

Prescription Medications and Purpose: _____

I hereby grant permission for (name of Youth) _____ to participate in any Bridgewater United Methodist Church (BUMC) Youth Group event or activity either **on site or off site of** Church property from **May 15, 2011 thru August 31, 2012**. I grant any staff member or volunteer advisor of BUMC permission to act as my surrogate for my child in the area of **obtaining medical treatment** by a doctor of medicine. I also assume financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian _____