

**BUMC YOUTH FELLOWSHIP – FOR MYF TORONTO MISSION TRIP
MEDICAL RELEASE FORM ~ 2010-2011**

Use **BLACK INK** only. This form must be **NOTARIZED**.

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

Grade Entering in September, 2010: _____

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: _____

Medical Allergies: _____

Food Allergies: _____

Other Pertinent Medical Information: _____

Prescription Medications and Purpose: _____

I hereby grant permission for (name of Youth) _____ to participate in the Bridgewater United Methodist Church (BUMC) Mission Trip to Toronto, Canada during the week of **July 10 – July 18, 2010**.

I also grant him/her permission to attend BUMC Youth Group events either on site or off site of Church property from **June 1, 2010 to August 31, 2011**.

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.

Black Pen Only:

(1) Signature of Parent/Guardian: _____

NOTARY STAMP:

(2) Signature of Parent/Guardian: _____

Date: _____