



Grace United Methodist Church Youth Medical and Release Form



Personal and Medical Information

Name _____ Gender ____ Birthdate _____ Age _____
 Address _____ City _____ State ____ Zip _____
 Home Phone _____ Social Security # _____
 Father's Name _____ Occupation _____ Work Phone _____
 Mother's Name _____ Occupation _____ Work Phone _____
 Father's SS# _____ Mother's SS# _____
 Additional Phone #'s (cellular, pager, etc) mom _____ dad _____
 Physician's Name _____ Phone Number _____
 Date of last tetanus shot _____ Allergies: (food-meds-animal etc) _____

Medications, if any, being taken (please send in original containers): _____

Emergency Contact _____ Phone _____ Cell _____
 Relationship to youth or participant _____

Insurance Information

Insurance company _____
 Insurance company address _____
 Group or ID number _____ Policy or Account Number _____
 Phone Number _____ Blood Type (if known): _____

Student Behavior Guidelines

When I travel with Grace UMC for any Youth events, I agree to abide by all guidelines set by adults. Guidelines include: 1. Show respect to others. 2. Participate in scheduled activities. 3. Abide by the safety and behavior guidelines set by vehicle drivers. 4. Abide by the policy that I will not possess alcohol, tobacco, illegal drugs, or weapons, before or during, this experience. I understand that if I fail to do any of these things, I may be sent home at my expense. I look forward to having a great time and behaving in a Christian manner!

Participants Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

(if participant is under age 18)

Waiver of Responsibility

RELEASE and HOLD HARMLESS AGREEMENT FOR GRACE UNITED METHODIST CHURCH
 By my signature, I _____, the parent/guardian of _____
 grant my permission for him/her to participate fully in any activities or trips sponsored by Grace United Methodist Church. I understand that my signature carries with it the following.

1. I am legally endorsed to execute this document;
2. The risks of injury or death that my child may face in the various activities are known and understood by me;
3. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son or daughter.
4. I knowingly release, absolve, indemnify, and hold harmless Grace United Methodist Church from all claims that might result from any injury or death of any minor.
5. should medical help be needed, I agree to pay either directly or through my own health and accident insurance policy all medical or hospital costs.

 Signature of Parent or Legal Guardian

 Date

Notarization required for all Grace UMC Youth participants!!

_____,
Name of participant (18 years & older) **OR** name of parent/guardian of minor participant

appeared before me _____, a Notary Public of _____ County
(Notary's name) (County)

in the State of _____, the person whose signature appears above and with whom I am personally acquainted and acknowledge that he/she executed the within instruments for the purposes therein contained.

Witness my hand and official seal this _____ day of _____, 20_____.

(Notary Public)

My commission expires: _____