



Great Falls United Methodist Church

Youth Permission Slip & Medical Release
(For use from September 1, 2011 to August 31, 2012)

Youth's Full Name _____

First Middle Last

Address _____

Email _____ Birth date _____

Home Phone Number _____ Cell Phone _____

I, the undersigned parent or legal guardian of the above minor, authorizes the Great Falls United Methodist Church staff or designated youth advisors to:

- Provide transportation in the church van or a volunteer's vehicle to and from Youth Group related events.
- In the event of an emergency, seek appropriate medical attention for my youth. This authority is granted only after a reasonable attempt has been made to contact me. I understand that while the Great Falls United Methodist Church staff and volunteers will make every effort to insure my child's safety, they cannot take responsibility for any injuries to my child that are reasonably beyond their control.

I hereby waive, release, and forever discharge all rights and claims for damages arising from personal injuries to my youth that I may have against the United Methodist Church, Great Falls UMC, Youth Group, or any representative or volunteer.

Name (Printed) _____ Signature _____
(Parent or Guardian) (Parent or Guardian)

Date _____

EMERGENCY CONTACTS

Name of Father/Guardian _____ Phone # _____

Email _____

Name of Mother/Guardian _____ Phone # _____

Email _____

If parents cannot be reached:

First Contact _____

Name Relationship Phone #

Second Contact _____

Name Relationship Phone #

MEDICAL INFORMATION

Name of Insurance _____

Group Number _____ Member Number _____

Allergies _____

Medications Used _____

Known Medical Conditions _____

Doctor's Name & Phone # _____

Preferred Treatment Facility _____