

Trinity United Methodist Church

Medical Release and Contact Information Form

Director of Youth and Family Development: Jeff and Erica Jacobsen 860.683.8480

As parent/guardian of _____, I give permission for my child to participate in Trinity United Methodist Church (TUMC) Youth Program (MYF).

In case of medical emergency, I authorize MYF leaders to seek treatment for my child under the direction of any licensed physician for any condition, which, in the opinion of the physician, may endanger his or her life or cause disfigurement, physical impairment, or undue discomfort if delayed. I understand that, in the case of such emergency, every effort will be made by the TUMC MYF leaders to contact me at the numbers below.

I realize and assume all responsibility for any costs connected with such treatment and hereby release TUMC and MYF leadership of any liability.

Parent/Guardian Signature _____

Parent/Guardian Name Printed _____

Address _____

Email _____

Phone Numbers- HOME: _____ CELL _____

Child's DOB: ___/___/___ Age: ___ Gender: ___ Grade: ___

Medical/Behavioral Considerations: _____

Medications: _____

Allergies: _____

Child's Physician: _____ Insurance Co: _____

Physician Phone: _____ Policy # _____

Preferred Hospital: _____ Policy Holder _____

Youth contact information

Name: _____

Address if different from above: _____

Cell # : _____

email: _____

School currently attending: _____