

**Wesley Memorial United Methodist Church - Wesley Memorial Student Ministries  
Cleveland, TN**

**Medical Release Form 2015-2016**

(All information on this sheet will only be used in the event that medical treatment is needed.  
It will not be used for any other purpose.)

Youth Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text Y / N Carrier \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Date Last Tetanus Shot \_\_\_\_\_

Parents/Guardian Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Email \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ Text Y / N Carrier \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ Text Y / N Carrier \_\_\_\_\_

2<sup>nd</sup> Contact (Outside Home) \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Medications youth is currently taking (Please list all prescribed and OTC)

\_\_\_\_\_  
\_\_\_\_\_

Medications youth can not take \_\_\_\_\_

Any other allergies, special health concerns, or problems? \_\_\_\_\_

\_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Youth relationship to policy holder \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, a minor under the age of 18, give my consent for the minor named above to participate in events being organized by Wesley Memorial Student Ministries, a part of Wesley Memorial United Methodist Church in Cleveland, Tennessee. I give consent for the pastor, youth director, and other adult volunteers (over the age of 21) to sign for any reasonable medical attention deemed necessary by a licensed physician for the minor, should it become necessary. I also give my consent for the minor to receive over the counter medication (except those I have listed), as needed, while they are in the care of the group leaders. And with doing so I release the church, employees, and volunteers of any and all liability for the injury, loss, or damage to person or property during the course of his/her involvement in the activities or medical treatment. I also acknowledge that I will be fully responsible for any cost of the medical treatment or damage caused by the minor to any person or property during their involvement with the group. Further, I affirm that the health insurance information provided above is accurate. I agree to bring the minor home at my expense should they become ill or if deemed necessary by the pastor and/or youth director due to extreme misconduct. I am fully aware of Wesley Memorial Student Ministries' rules and regulations and affirm that my youth will abide by them at all times. Also, I hereby grant full permission to Wesley Memorial United Methodist Church to use my youth's photograph, video, and name (if necessary) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my youth's photograph, video, or name.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The above signed appeared before me, a Notary Public of \_\_\_\_\_ 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 instrument for the purposes therein contained. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_