

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

Medical Release Form 2018

(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 _____

2nd 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 _____