

**St. Paul United Methodist Youth
Medical Release and Permission Form for 2009-2010**

Should _____, be stricken in any way, accident or otherwise, and in the opinion of the counselor in charge, require emergency medical treatment, you have my permission to seek medical help, including surgery, which in your judgment is competent, during any event, trip, or other youth group activity during the year and/or school year 2009-2010.

1. The youth named above is/is not covered under hospitalization insurance with _____ Company, policy number _____ in the name of _____ . This youth does/does not have an insurance card.

2. In case we are unable to contact you in an emergency, whom should we contact next?

Name _____ Phone _____

3. Family Physician _____

Office Phone no. _____

4. Please answer the following questions regarding the youth named above:

- Any allergy to medications, foods, insect stings, etc.?

- Does he/she take any medications routinely? _____ no _____ yes,

List name of medication, strength, and dosage schedule: _____

- Are there any other medical conditions that should be known?

Signature of Parent or Guardian _____

Home Phone no. _____ Date _____

Mother's Work no. _____ Father's work no. _____

Cell Phone nos. _____