

INFORMATION AND MEDICAL RELEASE FORM

Valid June 2011 through June 2012 for the youth activities of

Newburg United Methodist Church

36500 Ann Arbor Trail Livonia, MI 48150

Phone: 734.422.0149 Fax: 734.425.3550

Youth/Participant Information:

Name _____ Birthday _____ / ____ / ____
(Last) (First) (Mid. Init.) (mm/dd/yyyy)

Address _____ Youth Cell: _____
(Street) (City) (State) (Zip Code)

Home Phone _____ Participant E-mail _____ @ _____
(Home)

Grade that participant will be entering: (N/A if participant is over age 18) _____ T-shirt Size: _____

Allergies:

Medications _____ Peanut Allergy? YES or NO
Food _____ Insect Bites _____
Other _____

Health Problems or Concerns _____

Insurance Co. _____ Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Policy # _____ Policy Holder's ID # _____

Doctor's Name _____ Phone _____

Address _____
(Street) (City) (State) (Zip Code)

In the event of an emergency situation in which medical treatment is required for _____ as a result of participation with Newburg United Methodist Church, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to those adults in attendance of the specific event (this may be noted on event permission slips). I accept responsibility for any medical expenses for _____ that are not covered by my medical insurance. I will provide and undated Medical Release Form to the Youth Coordinator at Newburg United Methodist Church if and when any of the information provided on this form changes.

Signature/Relationship (Parent or Guardian of minor participant) Date: _____

MEDIA RELEASE AND WAIVER I agree that video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student during the activities may be used, distributed, or shown as the Church sees fit.

Signature/Relationship (Parent or Guardian of minor participant) Date: _____

TRANSPORTATION RELEASE I authorize my child, youth or vulnerable person I am responsible for, to be transported to and from an event, program or activity of the Newburg UMC, its districts or agencies, by Youth Chaperones. I understand that there will only be one adult in this vehicle and that this adult may or may not be a certified caregiver of the conference. (N/A if participant is over age 18)

Signature/Relationship (Parent or Guardian of minor participant) Date: _____

Youth/Participant Information:

Name _____

In the event of an emergency contact:

Name _____
(Parent, Spouse or Legal Guardian)

Daytime Phone _____

Relationship _____

Evening Phone _____

Cell Phone _____

_____ Phone _____

Address _____
(Street) (City) (State) (Zip Code)

E-mail Address _____

Name _____
(Parent, Spouse or Legal Guardian)

Daytime Phone _____

Relationship _____

Evening Phone _____

Cell Phone _____

_____ Phone _____

Address _____
(Street) (City) (State) (Zip Code)

E-mail Address _____

Other relative or responsible person:

Name _____
(Parent, Spouse or Legal Guardian)

Daytime Phone _____

Relationship _____

Evening Phone _____

Cell Phone _____

_____ Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Name _____
(Parent, Spouse or Legal Guardian)

Daytime Phone _____

Relationship _____

Evening Phone _____

Cell Phone _____

_____ Phone _____

Address _____
(Street) (City) (State) (Zip Code)