

**SUNCREEK UNITED METHODIST CHURCH**  
**1517 W. McDermott – Allen, TX – 75013 – 972-390-1695**

# **YOUTH MEDICAL RELEASE FORM**

*This form must be filled out by all youth AND adults participating in Suncreek UMC Youth events outside the walls of the church. It will be kept on file as long as the person remains active at Suncreek UMC. It is the responsibility of the parent(s) or guardian to update this form as needed.*

**PLEASE PRINT CLEARLY**

Name of youth: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Anticipated year of high school graduation: \_\_\_\_\_

In the event that the above referenced person becomes ill or sustains injury on any authorized and chaperoned outing from Suncreek UMC, 1517 W. McDermott, Allen, TX, 75013 I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid.

I also consent, in the event that I cannot be contacted, to emergency treatment for my youth (or myself) which may include x-ray examination, anesthetic, medical (or dental) surgical diagnosis and treatment and hospital care; and supervision, and upon the advice of a duly licensed physician and/or surgeon. I also understand that I am responsible for any and all costs that these services incur.

I will not hold Suncreek United Methodist church, its staff or volunteers liable in the event of injury or illness involving my youth (or myself).

Medical Insurance Co: \_\_\_\_\_ Po licy No. \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phy sician's Phone No: \_\_\_\_\_

Does your insurance carrier require a pre-admission call? \_\_\_\_\_ If yes, what is the Phone No.? \_\_\_\_\_

Allergies: \_\_\_\_\_

Is your youth on any medication? \_\_\_\_\_ If yes, please name medications, dosage & prescribing physician: \_\_\_\_\_

\_\_\_\_\_

Any other special medical conditions we should know about? \_\_\_\_\_

\_\_\_\_\_

Printed Name of parent, legal guardian or adult: \_\_\_\_\_

Address: \_\_\_\_\_ Sta te: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ C ell Ph: \_\_\_\_\_ W ork Ph: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent, legal guardian or adult

[notary seal]

\_\_\_\_\_  
Notary Public, State of Texas