PERMISSION SLIP AND MEDICAL RELEASE FORM
YOUTH ALIVE – OCTOBER 19-20, 2018

I give permission for the person named below to attend the Youth Alive Christian youth event on October 19-20, 2018. I agree not to hold responsible the adult chaperones of the Long Island East District of the United Methodist Church, the Bayport United Methodist Church, and the church I am attending this event with. I understand that photos and or video may be taken during the event and these photos/videos may be shown at future church, district, or conference events, to help promote and recognize our youth.

NAME OF ATTENDEE: ____

ADDRESS: ____

BIRTHDATE: _________________

PARENT/GUARDIAN NAME: ____

HOME PHONE: _____________________ CELL PHONE: _____________________

OTHER CONTACT: ____

HOME PHONE: ______________________ CELL PHONE: ____________________

CHURCH ATTENDING WITH: ____

ADULT CHAPERONES:____

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MEDICATIONS
CURRENTLY TAKING: ____

CANNOT TAKE: ____

HEALTH CONCERNS: ____

FOOD ALLERGIES: ____
(The youth should bring an Epi Pen or other medication to treat an allergic reaction)

INSURANCE CO: ____

POLICY NUMBER: ____

DOCTOR'S NAME: _______________________________ PHONE: _____________________

In case of a Medical Emergency, I understand that every effort will be made to contact Parent and/or Guardian. In the event that I cannot be reached, I hereby give permission to the physician selected by my child's youth leader to secure proper treatment and or hospitalization.
I also agree that my insurance will be used for such medical care and I am aware that I will be billed for any medical care not covered by my insurance.

Signed by: ______________________________________ Date: ________________________

Relationship to Youth: ______________________________