

Medical release form

I, hereby grant _____ permission to participate in the events, activities, and trips of Bethel Mennonite Church from September 2014 to September 2015.

Student Information:

Youth Name: _____ Age: _____ Birth date: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Father Name: _____ Work Phone: _____ Cell Phone: _____

Mother Name: _____ Work Phone: _____ Cell Phone: _____

In case of emergency call:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

This youth _____ is, _____ is not to be given recommended doses of Tylenol upon request (check one)

Date of Last Tetanus Shot: _____

Please list all medications, allergies, or other medical information that needs to be known about this student:

Medical Insurance Information:

Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Preferred Hospital: _____

I understand that Bethel is not to be held responsible for any injuries. And, in the event of an emergency, in which you are unable to reach me (parent/guardian), in case of injuries, accidents, or illness, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the youth pastor or youth leaders of Bethel Mennonite Church.

(Parent/Guardian Signature)

(Date)