

Bel Air UMC

Youth Ministries Student Medical Release Form

Student Name: _____ Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Student Cell Phone: _____ Texting Allowed: Yes or No

Student E-Mail: _____ Student High School Graduation Year: _____

Parent/Guardian #1 Information

Name: _____ Relationship to Student: _____

Address (if different from student): _____

Cell Phone Number: _____ E-mail: _____

Parent/Guardian #2 Information

Name: _____ Relationship to Student: _____

Address (if different from student): _____

Cell Phone Number: _____ E-mail: _____

Medical Information

Allergies (pollen, food, medication, insects, etc): _____

Regular Medications: _____

Dietary Restrictions: _____

Student Carries EpiPen: Yes or No

Student Carries Inhaler: Yes or No

Special or Behavioral Needs: _____

Physician: _____ Phone Number: _____

Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Non-Guardian Emergency Contact: _____ Phone: _____

Release of Claims for Future Accidents For a Minor

I do hereby give my permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, provided the child is in a safety belt and, if available, a shoulder strap, and the vehicle is driven by an adult the age of 21 or older, while participating in the activities sponsored by Bel Air United Methodist Church.

I, the undersigned, understand that this form will incorporate all the terms and conditions of the Medical Authorization Form.

I, the undersigned, do hereby release and forever discharge all event leaders and Bel Air United Methodist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in all youth and church events.

For publicity purposes, appropriate pictures may be printed in the Spire Newsletter, which is distributed to Bel Air United Methodist Church's friends and family. The pictures may also be used on the Bel Air United Methodist Church Website and social media that can be found at www.belairumc.org. Student's names and other identifying information will NOT be included.

Check one: Yes, you may use my student's photo. No, you may not publish my student's photo.

Parent/Guardian Signature: _____ Date: ____/____/____

For Office Use Only

Date Form Submitted: ____/____/____