

Tyner UMC Youth Medical Release Form

Name _____ DOB _____ Sex _____ SS# _____
Parents/Guardians _____ Par SS# _____
Address _____ Home # _____
City _____ ST _____ Zip _____ Work _____
Emergency Contact _____ Home# _____
Address _____ Work # _____
School _____ Grade _____

Authorization to Consent to Treatment

I, the parent or guardian of _____ do hereby authorize the adult workers of Tyner United Methodist Church, to consent to any and all medical treatment deemed advisable by, a licensed physician or surgeon, whether such a treatment is rendered at the office of said physician or hospital.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

HEALTH INFORMATION

Special health considerations? Yes ___ NO ___ If so please explain _____

List any medications _____ Date of last Tetanus _____
Family Physician _____ Office # _____
Family Dentist _____ Office # _____
Insurance Company _____ Policy Number _____
Address _____ City _____ ST _____ ZIP _____
Phone # _____ Group # _____ Group Name _____

YOUTH ACTIVITIES CONSENT

We, the parents or guardians of _____, give our consent to participate in the Youth Ministry Programs of Tyner UMC. This consent extends to the activities on the church premises as well as those held on other locations. In case of and injury or illness, I will not hold the church, the staff or volunteers liable.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

STATE OF TENNESSEE/COUNTY OF HAMILTON

_____ appeared before me, a notary public of the state and county aforesaid.

Witness my hand and seal this _____ Day of _____, 20 _____

My commission expires _____ Notary Public _____