

Thurmont United Methodist Church

13880 Long Road
Thurmont, MD 21788
301-271-4511
Gary Morgan, Pastor

Permission and Medical Release Form

Program Year: 20__ - 20__

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

In Case of Emergency, Notify _____

Relationship: _____ Phone: _____

Family Physician: _____ Phone: _____

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Any Current Medications: _____

Allergies: _____

Release and Permission for Transportation and Treatment

I give permission for _____ to participate in the Thurmont United
(Student's Name)

Methodist Church Junior/Senior Youth Group activities (including transportation to and from events). In the event of a medical emergency, I or another emergency contact person may be reached at the phone number listed above. In cases of medical emergency, I understand that every effort will be made to contact me. In the event that I or the emergency contact person cannot be reached, I hereby authorize youth chaperones from Thurmont United Methodist Church to act on my behalf in obtaining proper medical treatment for my child.

I hereby release the Thurmont United Methodist Church from any and all claims, demands, actions, or cause of action, past, present and future arising out of any damage or injury while I or my child participate in the youth group activities.

Signature of Parent or Guardian: _____ Date: _____