



YOUTH & ADULT MEDICAL RELEASE FORM

This form must be filled out by parents/guardians for all youth participating in SunCreek UMC events and will remain on file for one year.

Name of Youth: _____

Date of Birth: _____ Anticipated Year of Graduation: _____

In the event the above referenced person becomes ill or sustains injury on any authorized and chaperoned event with SunCreek United Methodist Church, 1517 W. McDermott Drive, Allen, TX 75013, I, the undersigned give my permission to those in charge to take whatever steps are necessary to stop bleeding and to administer first aid. I also consent, in the event that I cannot be contacted, to emergency treatment for my youth (or myself) which may include x-ray examination, anesthetic, medical, dental, or surgical diagnosis and treatment and hospital care; and supervision, and upon the advice of duly licensed physician and/or surgeon. I also understand that I am responsible for any and all costs that these services incur. I will NOT hold SunCreek United Methodist Church, its staff or volunteers liable in the event of injury or illness involving my youth (or myself).

Emergency Contact Information

Parent Name: _____ Number: _____

Other Emergency Contact: _____ Number: _____

Allergies: _____

Medications: _____

Any other medical conditions: _____

Health Insurance Information

Insurance Provider: _____ Number: _____

Guarantor: _____ Policy Number: _____

Physician Name: _____ Number: _____

Printed Name of parent or legal guardian: _____

Address: _____ City/State: _____ Zip: _____

Signature of Parent/Legal Guardian [Notary Seal] _____
Notary Public, State of Texas

Date of Signature & Notarization _____