

**Oxford UMC Youth Group – Medical Release Form/Permission Slip**

**Valid January 2016-December 2016**

My Child, \_\_\_\_\_ has my permission to go with the Oxford United Methodist Church Youth Group on church sponsored activities between the dates of January 2016-December 2016. I will not hold Oxford UMC or any adult sponsor libel in case of accident or injury to my child.

I, the undersigned, as the parent or legal guardian of a minor child hereby authorize diagnostic, medical and/or surgical treatment of my child as may be deemed medically necessary in order to assure safety of my child. It is distinctly agreed and understood that the attending physician and appropriate staff shall not be responsible in any way for any consequences from said diagnostic, medical and or surgical treatment and is fully released from any and all claims, and demands whatsoever which arise, grow out of or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care at the best of their ability.

\_\_\_\_\_  
Signed Date

Parent(s) /Guardian(s) Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street city zip

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

In case of emergency and you cannot be reached whom shall we contact?

\_\_\_\_\_  
Alternate contact phone relationship

Medical Insurance Provider: \_\_\_\_\_

Member # \_\_\_\_\_ Group # \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_

Allergies & reactions (food, drugs, other): \_\_\_\_\_

Current Medications: \_\_\_\_\_

Pertinent Medical History& **birthdate**: \_\_\_\_\_

***\*Please provide a copy of the medical insurance card front & back***