

**Authorization for Treatment/Medical Release Form and Responsibility  
Clause for Year 2016 – Isle of Faith UMC**

**Youth Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Parent/Legal Guardian Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

If parents can not be contacted please call:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

**Medical Information**

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group or ID # \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ *(please attach a photocopy of your youth's insurance card to this sheet)*

Circle or list any medications we **SHOULD NOT** administer to your child:

Aspirin Ibuprofen Motrin Antihistamine(Benadryl, etc.) Pepto Bismol Any Other Meds: \_\_\_\_\_

Medical Conditions or Allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Prescription Medication Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments or Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Emergency Care**

We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, do hereby grant permission for my son/daughter to travel with representatives of Isle of Faith United Methodist Church (UMC).

If deemed necessary for my child's health, I (we) authorize representatives of Isle of Faith UMC to consent to any examination, x-ray, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any physician or surgeon, licensed staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. In any case all such expenses shall be paid by the parent except where covered by the Accident Insurance Policy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

Notary Seal:

**Responsibility Clause**

I understand that if \_\_\_\_\_ willfully and knowingly acts in a manner which endangers his or her life or the life of another person or acts in destructive manner that is judged uncontrollable by the counselors and youth director then the Adult Leadership of Isle of Faith United Methodist Church may contact me at any hour of the day to arrange for the immediate return home of my child at my expense.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_