



EMERGENCY AND MEDICAL INFORMATION

Name of youth _____ Birthdate _____

Known allergies (food, medicine, etc.) _____

Current Medications: strength and dosage of prescribed and over the counter

medications _____

Parent or Guardian Name & Phone _____

Alternate Contact Name & Phone _____

Name & Phone # of Primary Care Physician _____

General Release, Medical Authorization and Permission Statement

The undersigned parent(s) and/or guardian(s) of the above listed child participating in any activity of the St. Mark's United Methodist Church do hereby generally release and covenant to hold harmless the St. Mark's UMC and the duly authorized employees, leaders, and approved volunteers of the activity from any action, cause of action, suits, damages, judgements, executions, claims and demands whatsoever, which the undersigned now have or may acquire by reason of any matter, cause or thing, and hold this agreement to terminate upon the above listed child's ceasing participation of the activity.

Furthermore, the undersigned parent(s) and/or legal guardian(s) authorize St. Mark's UMC by its duly authorized employees, leaders, and approved volunteers of the activity to consent to reasonable and necessary medical care and to administer common, necessary medications including, but not limited to acetaminophen ("Tylenol"), diphenhydramine ("Benadryl"), and ibuprofen ("Motrin"), as may be required for the above listed child while participating in program and activities sponsored by the St. Mark's UMC.

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____