

Manistee United Methodist - 2011-2012 Permission and Medical Release Form

STUDENT'S NAME (please print) _____
ADDRESS (street, city, state, zip) _____
PHONE _____ CELL PHONE _____
BIRTHDATE _____ GRADE _____ EMAIL _____

The above named student has our permission to attend the following Manistee UMC sponsored activities: (check one) Single Event _____ (name) _____ (date) _____
 Annual (all activities June 2011 – May 2012)
In the event that emergency medical or dental care or treatment is needed during this activity, we _____ the parents/guardians (circle one) of _____ (child's name) authorize an adult leader of the Manistee UMC sponsored activity, to consent on our behalf to any such emergency care and treatment being rendered by any duly licensed doctor or dentist. Signature: _____
Signature: _____ Date: _____

Parent(s) Information:

Name: _____ Email _____
Address: _____
Phone (day) _____ (eve) _____ (cell) _____
Name: _____ Email _____
Address: _____
Phone (day) _____ (eve) _____ (cell) _____

Close friend or relative:

Name: _____
Address: _____
Phone (day) _____ (eve) _____ (cell) _____

Medical/Dental Insurance: Company _____
Policy # _____ Phone # _____

Family Physician: _____ Phone: _____
Address: _____

Family Dentist: _____ Phone: _____
Address: _____

Allergic to: _____

Medical Conditions to be aware of: _____

Medications: _____