

Medical Release/Permission Form 2010

Participant Information

Name _____

Sex _____ Birth Date _____

Address _____

Church _____ City _____

Health Insurance Company _____

Policy # _____

Allergies/required medications/dietary needs: _____

Parent/Guardian Information

(If parents live at different addresses, list both and indicate which is the primary residence.)

Name _____

Address _____

Home phone _____

Cell phone _____

Person to notify in case Parent/Guardian cannot be reached

Name _____ Relationship _____

Address _____

Home phone _____ Cell _____

Parent/Guardian Authorization

I give full permission for my child to attend **S.A.M. I AM Summer Arts Ministry** to be held at New Hope United Methodist Church from August 8-12. _____ I am able to attend the Kick Off on Sunday, August 8th from 6 to 7:00pm. OR _____ I am unable to make this event.

Medical Release

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me.

Parent/Guardian Signature

_____ Date _____