



Medical Release Form

This form grants temporary authority to a designated adult by University United Methodist Church to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the trip leader or shown to the trip leader and then carried by the designated adult.

Child Information:

Full Legal Name: _____

Date of Birth: _____ Sex: _____

Home Address: _____

Primary Emergency Contact

Name: _____

Relationship to Minor: _____

Cell Phone #: _____

Work Phone #: _____

Secondary Emergency Contact

Name: _____

Relationship to Minor: _____

Cell Phone #: _____

Work Phone #: _____

Primary Care Physician Information

Physician's Name: _____

Location of Practice: _____ Physician's Phone #: _____

Insurance Information

Medical Insurance Company: _____

Policy #: _____ Group #: _____

Phone #: _____

Medical History

Allergies to Medications:

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Allergies (Other):

Medical Conditions:

Medications:

Authorization and Consent of Parent(s) or Legal Guardian(s)

I do hereby state that I have legal custody of the Minor mentioned above. I grant my authorization and consent to a William B. Reily University United Methodist Youth Worker to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life-threatening or in need of emergency treatment, I authorize the Youth Worker to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the University United Methodist Youth Worker in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through August 31st, 2025

Parent/Guardian Signature

Name

Date