

**Westminster United Methodist Church  
Information and Medical Release Form  
For all youth ministry events**

STUDENT INFORMATION (please print)

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENTS' (GUARDIAN'S) NAMES \_\_\_\_\_

WORK/CELL PHONE \_\_\_\_\_

PARENTS' (GUARDIAN'S) EMAIL \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT PERSON \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/CELL \_\_\_\_\_

PHYSICIAN'S NAME/PHONE \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES OR OTHER MEDICAL CONDITIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSURANCE AND POLICY NUMBER \_\_\_\_\_

**I agree not to hold Westminster United Methodist Church or its staff responsible for any injury that may result from my child's participation in the student ministry events of 2011-2012. I also authorize church staff to secure any emergency medical treatment necessary for my child if I or the emergency contact cannot be reached.**

\_\_\_\_\_  
Signature of parent or guardian Date

Check the box if you do not want your child's picture on the church website.

**The drivers transporting youth to youth events sponsored by WUMC are covered under the church insurance policy. The youth are covered by a separate youth insurance policy that is carried by the church. I have read the above statements and acknowledge that the liability rests with the church, not the drivers.**

Parent Signature \_\_\_\_\_