

Student Activities Release Form for 2023

Name of youth: _____ Birth Date: _____
Name of parent(s) or guardian(s): _____
Address: _____
Phone Number: _____
Other person and/or number to call in emergency: _____

Medical Information:

Is your youth currently being treated for an injury, sickness, or taking any medication? _____
If yes, please explain.

Family Doctor: _____ Doctor's Telephone: _____
Insurance Co.: _____ Policy Number: _____

Consent and Certification:

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all of the scheduled youth activities of First Methodist Church Trussville, and any other supervised activities customarily associated with its youth group, including weekly events and overnight trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader.

Medical Treatment Authorization:

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize First Methodist Church Trussville's youth leader to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that First Methodist Church Trussville will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth minister in writing of any health changes that would restrict my youth's participation in any normal youth activities.

Signature of Parent or Guardian: _____

Date: _____