

GLUMC Activities Participation Agreement

PERMISSION SLIP and MEDICAL RELEASE FORM

Youth Group On-site and Off-site Activities

Participant's Name _____

Street Address _____

City _____ Zip _____

Grade in September 2008 _____ Date of Birth _____

I hereby grant permission for my child to participate in the Gull Lake United Methodist Church Junior High/Senior High Youth Group. Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

My child may be given acetaminophen or ibuprofen by the advisors as needed.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent.

Any medical expenses are the responsibility of the participant and their insurance carrier.

Signed: _____ Date: _____
(Parent or legal guardian)

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

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Participant Name: _____

Emergency Contacts:

1. Name: _____ Relationship to Participant _____
Day Phone (____) _____ Night Phone (____) _____

2. Name: _____ Relationship to Participant _____
Day Phone (____) _____ Night Phone (____) _____

Medical Insurance Co. _____ Phone (____) _____

Policy #: _____

Primary Care Physician: _____

Address: _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Special Medical Conditions--Allergies, chronic illness or other conditions:

Current Medications:

Date of Last Tetanus shot: _____

Any other information (special needs, concerns):

Enabling youth to be faithful disciples of Jesus Christ.
Celebrating Serving Sharing Friendship Becoming