

Bartlett United Methodist Church

Name _____ Birthdate _____

Address _____ Phone _____

E-Mail Address _____

Phone number and name of friend or relative in case no one is at your home:

Name _____ Phone _____

Medical problems, allergies, etc. _____

Medication Taken _____

It is permissible for my youth to use Aspirin _____
 Tylenol _____
 Ibuprofin _____
 Aleve _____

Insurance Company and Policy Number _____

Release and Medical Authorization

I, _____, Parent or legal guardian of _____,
hereby release the Bartlett United Methodist Church and all employees, agents, heirs and assigns of
Bartlett United Methodist Church, from any and all liability of any kind whatsoever, including but not
limited to personal injury suffered by the named youth which may occur to my said youth while said
youth is in the care of Bartlett United Methodist Church whether such injury occurs on the property of
Bartlett United Methodist Church or any other place.

I also hereby give my permission to Bartlett United Methodist Church and its agents to take the above
named youth to a Doctor Emergency Medical Facility or a Hospital if in the opinion of employees or
agents of Bartlett United Methodist Church, said youth requires medical attention in the form of a visit to
a Doctor Emergency Medical Facility or Hospital.

Parent or Legal Guardian