

STREETSBORO UNITED METHODIST CHURCH

YOUTH SPECIAL EVENTS MEDICAL RELEASE & PERMISSION

FORM

Effective dates: _____ to _____

STUDENT INFORMATION

Name _____ ☐ Male ☐ Female

Home phone (_____) _____ Cell (_____) _____

Address _____

City _____ State _____ Zip _____ Birthdate _____

Grade this school year _____ School _____

Child/Youth Email _____

☐ Check here to give Streetsboro UMC staff permission to use social media or email/text this child/youth regarding program activities.

Mother's name _____

Home phone (_____) _____ Cell (_____) _____ Work (_____) _____

Email _____

Father's name _____

Home phone (_____) _____ Cell (_____) _____ Work (_____) _____

Email _____

Emergency contact 1 _____

Home phone (_____) _____ Cell (_____) _____ Work (_____) _____

Emergency contact 2 _____

Home phone (_____) _____ Cell (_____) _____ Work (_____) _____

Medical insurance company _____ Policy # _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Hospital of preference _____