

Bluff Park United Methodist Church Emergency Medical Release Form

This document authorizes permission for medical attention to be given to the person listed below for any trips made by the children's department at Bluff Park United Methodist Church of Birmingham AL, throughout the entire year of **2010**.

This form will accompany the person listed below when said person participates in any youth trips made in **2010**.

Name: _____ Date Of Birth: _____

Address: _____ City: _____ State _____ Zip: _____

Fathers Name: _____ Mothers Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone : _____ Cell Phone: _____

Person other than parent that can be contacted in case of emergency:

Name _____ Home Phone _____ Wk Phone _____

Name _____ Home Phone _____ Wk Phone _____

Medical Information

Are there any special needs about which we need to be aware.

Any prescribed medication: _____

Local Doctor: _____ Phone: _____

Insurance Co.: _____ Policy # _____

In case of emergency, I here by give permission to the physician selected by an adult chaperone to hospitalize, secure proper treatment for, and to order any necessary injections, anesthesia, or surgery for my child.

Signed: _____ Date: _____

Acknowledgement for persons

STATE OF ALABAMA, COUNTY OF _____ . Before me personally appeared

_____ to me well and known to me to be the person described in and who executed the foregoing instrument for the purpose therein expressed.

Witness my hand and official seal, this _____ day of _____, A.D. _____

_____ my commission expires _____

Notary Public (State of Alabama)