

# 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 youth department at Bluff Park United Methodist Church of Birmingham AL, throughout the entire year of **2011**. This form will accompany the person listed below when said person participates in any youth trips made in **2011**.

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: \_\_\_\_\_

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### 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. \_\_\_\_\_

\_\_\_\_\_  
Notary Public (State of Alabama) my commission expires \_\_\_\_\_