

PLAINFIELD UNITED METHODIST CHURCH
Emergency Medical Release Form

<i>Youth's Name</i>		<i>Parent or Guardian's Names</i>	
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As parent or legal guardian, I grant permission for my child to receive any emergency medical treatment and/or transportation for medical and hospital treatment while attending functions with Plainfield United Methodist Church, 15114 S. Illinois Street, 60544. (815)436-9651.

<i>Date form completed</i>		<i>Youth Date of Birth</i>	
<i>Home Address</i>			
<i>Home Phone</i>			

Medical Information

<i>Date of Last Tetanus Immunization</i>			
<i>Known Allergies, including medications</i>			
<i>Other Medical/Physical Conditions</i>			
<i>List Medications Now Being Taken</i>			
<i>Can your child be given Tylenol or Ibuprofen if necessary?</i>		<i>Dosage (if other than standard dosage on bottle)</i>	

Emergency Contact Information

<i>Name</i>		<i>Phone</i>	
<i>Name</i>		<i>Phone</i>	
<i>Doctor's Name</i>		<i>Phone</i>	

Insurance Information

<i>Insurance Company</i>		<i>Insurance Phone #</i>	
<i>Insurance Co. Address</i>			
<i>Policy Holder's Name</i>		<i>Policy Holder SSN</i>	
<i>Policy/Group/Account #</i>			

My signature indicates that I approve of this Emergency Release Form and that it is valid for youth events sponsored by Plainfield United Methodist Church. If needed, this form gives permission for my child to receive emergency professional medical treatment. Note: Youth activities begin when your youth is placed in the charge of the adult leaders and ends when youth is picked-up by or returned to parent/guardian.

<i>Parent/Guardian Signature</i>		<i>Date</i>	
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