

Parent Permission and Medical Release Form

JourneyYOUTH

This form applies to all JourneyYOUTH activities. Copies will be brought along for all activities. Please complete and give to a youth leader.

Youth Info

Youth's Name _____ Date of Birth _____
Address _____
School _____ Grade _____
Youth Cell # _____ Youth Email _____

Parent/Guardian Info

Mom's Name _____	Dad's Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Alternate Emergency Contact Person _____
Home Phone _____ Cell Phone _____

Health Info

Medical Insurance Co. _____ Policy No. _____
Group No. _____
Allergies (Food, Meds) _____
Restrictions on physical activity _____
List medications your child will bring along _____
Date of most recent tetanus shot _____
Other information/medical history _____

Permission Form

I, the undersigned, give my permission to Journey Mennonite Church leaders to transport my child to or from a doctor and/or hospital for emergency treatment if needed. I also give my permission for these leaders to allow hospital personnel and/or a licensed physician to perform emergency treatment and inject or administer drugs in conjunction with this emergency care. I understand that if my child needs emergency treatment, I will be contacted. However, if I cannot be reached, this permission form will allow treatment to be secured as quickly as possible. Furthermore, I agree to release Journey Mennonite Church and its leaders from any liability for injury resulting from my child's participation in youth activities.

Parent/Guardian Signature

Date