

Medical Authorization Form

Weaverville United Methodist Church KFC - Tweens - MYF

Participants Name: _____

Date of Birth: _____ Age: ___ Grade: ___ Sex: ___

Address: _____ City: _____ State: ___ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Allergies/special health concerns/medications/dietary needs: _____

Date of last tetanus shot: _____ Surgery or Serious Illness History _____

Physicians name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Group Number: _____ Policy Holder's Name _____

Emergency Contacts: Name: _____ Phone: _____

Name _____ Phone: _____

Parents: My child may participate in activities with the stated above group, including travel during the event via church vehicle or automobile driven by an adult chaperone/leader age 21 or older with a valid driver's license. I give permission for my child to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's health and safety while with this group, with the understanding that contacting myself and/or my stated above emergency contact as soon as possible should the need arise. I accept full responsibility for any expenses for medical treatment for my child. I release Weaverville UMC and its representatives from liability in the event of accidental injury or illness.

Effective Date: From April 1, 2008 until Sept.1, 2009

Parent/ Guardian Signed: _____

Print: _____