



2019-20 Medical Release Form

Delphi United Methodist Church

1796 N. US Hwy 421, Delphi, IN 46923

Phone: 765.564.3791 E-mail: mhudson@delphiumc.org

Student Name _____
Birth date ____/____/_____
School Grade _____ Name of School _____
Parent(s)/Guardian(s) Name _____
Relevant Email (for Parent updates) _____
Student Cell Phone # (if any) _____ Parent Primary Phone _____
Home Address _____
City _____ State _____ ZIP _____
In case of emergency, notify: Name(s) _____
Primary Phone _____ Secondary Phone _____
Doctor _____ City _____ Phone _____
Insurance _____ Policy # _____

Health History:

Allergies: Insect Stings _____ Medications _____ Food _____ Other?

Other Conditions:

Heart _____ Stomach _____ Diabetes _____ Epilepsy _____ Asthma _____
Other _____

If you checked any of the above, please give more information such as treatments, signs and symptoms, etc. _____

Statement of Release:

All youth sponsored activities conducted by Delphi United Methodist Church are carefully planned by the youth pastor and other youth leaders, whom are all mature adults. However, even with proper planning and precaution, unpredicted events can occur. By signing this form, the parent(s) or guardian(s) agrees to assume and accept all risks and dangers that may come up in youth-related activities. The parent(s) or guardian(s) agrees not to hold Delphi United Methodist Church or any of its employees or volunteers liable for any damages, losses, or injuries to the above named person. The parent(s) or guardian(s) also understands that their signature is both for medical and liability release. By signing this release you are also giving consent and authorization for emergency transportation and any medical treatment deemed Necessary by medical staff. By signing this release, you are giving consent for any videos/photos of your child to be used for church promotion in print, church website or social media.

Parent/guardian signature _____ Date ____/____/_____