

Medical Release Form

Name: _____ Grade: _____ M/F: _____ Birth date: _____

Address, City, Zip: _____

Phone: (_____) _____ E-mail: _____

Food/Drug Allergies: _____ Vegetarian: Y/N

I, the undersigned parent or guardian of [Name of Youth] _____ a minor, do hereby authorize bona fide officials of the United Methodist Youth Fellowship at First United Methodist Church of Riverside as agents for the undersigned to consent to an X-ray, examination, anesthetic, medical, or surgical diagnoses or treatment and hospital care which is deemed advisable and is to be rendered under the Provisions of Medical Practice Act by the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I hold harmless the First UMC of Riverside, the Youth Group, its members, clergy, staffs and volunteers from any and all claims, losses, costs, obligation, and liabilities for injuries to any persons or for damages to or loss of property of any kind in any way arising from participation of the above mentioned person whether or not arising from any alleged negligence, fault, or legal liability of the Youth Group of the First UMC, its members, clergy, staffs and volunteers. A photocopy or other reproduction of this authorization shall be considered as original. California Civil Code Section 25.8.

This authorization shall remain effective until such time as my child withdraws, in writing, from the UMYF activities. If any information listed on this form changes, I assume responsibility to inform the bona fide officials of the UMYF at First UMC of Riverside of such changes.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact: _____ Phone: (_____) _____

Medical Insurance Carrier: _____ Policy #: _____

I do not desire to sign this authorization and understand this information will be in the possession of the bona fide officials of the UMYF at First UMC of Riverside at regular meetings and special activities.

Signature of Parent/Guardian: _____ Date: _____