

Parent Permission and Medical Release Form

Blooming Glen Youth Ministry

This form applies to all Blooming Glen youth activities. Copies will be brought along for all activities. Please complete and give to a sponsor.

Youth Info

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

Parent 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 Blooming Glen Mennonite 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 Blooming Glen Mennonite Church and its leaders from any liability for injury resulting from my child's participation in youth activities.

Parent/Guardian Signature

Date