

TRAVEL & MEDICAL RELEASE

I am the parent or guardian of _____.

I allow Deer Park United Methodist Church representatives to transport my child to and from activities related to the Youth Program. I further allow my child to ride to and from Deer Park United Methodist Church related events in any vehicle that is driven by an adult sponsor 21 years of age or older.

Should medical treatment be required for my child, I give my consent to allow the adult sponsor(s) representing Deer Park United Methodist Church to seek appropriate medical help. I also give consent for my child to receive emergency medical treatment deemed necessary by a licensed physician.

Signature of Parent/Guardian

Date Signed

ADDITIONAL INFORMATION

PLEASE PRINT:

Name of Parents: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Alternate Emergency Contact: _____

Relationship to child: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Please include all pertinent medical information on the back of this sheet.

(include any allergies and daily medications)