

Youth Waiver & Medical Release Form
Stonebridge United Methodist Church

Personal and Medical Information

Student Name _____ Address _____

Date of Birth _____ Email Address _____

Emergency Contact Information:

Name	Relationship	Phone #

Physician's Name and Phone #: _____

Medical History (diabetes, epilepsy, heart murmur, etc.) _____

Allergies (food, meds, insects, etc.) _____

Insurance Information

Insurance Name & Phone # _____ Policy # _____

Release of Liability

I, _____, legal parent or guardian of _____ give
My permission to him/her to go on all camps, trips or retreats, and to participate in all activities. I hereby
release Stonebridge UMC, its staff and volunteers of any liability in the event of accident or injury.

Authorization for Medical Treatment

I authorize any of the leaders to obtain any, and all necessary medical and/or dental attention and/or
treatment for me or my child, including surgical procedure if advised by attending physician. I knowingly
release, absolve, indemnify, and hold harmless Stonebridge United Methodist Church from all claims that
might result from any injury and/or death. This agreement pertains to all programs and activities including
those where transportation is provided. Should medical help be needed, I agree to pay either directly
and/or through my own personal health and accident policy all medical and hospital costs included.

STOP!! The following signature MUST be given in the presence of a notary at time of notarization.

Parent/Guardian Signature

Date

Before me, the undersigned authority, on this day personally appeared _____,
Known to me to be the person whose name is subscribed above, and acknowledged to me that he/she
execute the same for purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20 ____.

County _____

State _____

Notary Public in and for the State of Texas

ATTACH PHOTOCOPY OF BOTH SIDES OF YOUR INSURANCE CARD