

**BARTLETT UNITED METHODIST YOUTH  
PERMISSION FORM And MEDICAL RELEASE:**



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**EMERGENCY NUMBER:**

Name and number of someone in case no one is at above number:

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

Permission to use Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_

Insurance Information: (Company name, Group # etc.)  
\_\_\_\_\_

**RELEASE AND MEDICAL AUTHORIZATION**

I, \_\_\_\_\_ parent or legal guardian of  
\_\_\_\_\_ Hereby release the Bartlett UMC and all  
employees, agents, heirs and assigns of the Bartlett UMC, from any and all liability  
to personal injury suffered by the above named youth which may occur to my said  
youth while said youth is in the care of the Bartlett UMC, whether such injury  
occurs on the property of the Bartlett UMC or any other place. I also hereby give  
my permission to the Bartlett UMC and its agents to take the above named youth  
to a doctor, emergency medical facility of a hospital if, in the opinion of the said  
agents of the Bartlett UMC, said youth requires medical attention in the form of  
the visit to a doctor, emergency medical facility or a hospital.

DATED the \_\_\_\_\_ DAY OF \_\_\_\_\_ 2025.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness