

**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 _____ 2023.

Signature of Parent or Guardian

Witness