

Student's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

I give permission for my above named child to join Middletown United Methodist Church of Middletown, MD on the Confirmation Retreat at MUMC on February 28-29, 2009.

I hereby release Middletown United Methodist Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency phone number \_\_\_\_\_

#### MEDICAL INFORMATION

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

Medical insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_ Member's name \_\_\_\_\_