

Martinez United Methodist Church

Medical Information Form

Church Name	
Participant Name	
Home Phone	
Cell phone of Parent/ Guardian Please include are code	
Cell Phone(s) All numbers are needed for emergency contact	

I, _____, as legal guardian of _____ give permission

To him/her to participate in this _____ youth activity. I understand that every effort will be provided to ensure that my child/ youth will have a safe experience. In the event of an accident, and I am unable to be reached, then I grant permission to a responsible adult staff member or chaperone to obtain any medical attention necessary. I grant them permission to handle any discipline problems with appropriate measures.

Date _____ Legal Guardian Signature _____

Date _____ Participants Signature: _____