

**Swamp Mennonite Church**  
**Medical/Permission and Release 2019-2020**  
***This form is valid for all church sponsored youth events***  
(Please Print Legibly)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Church you Attend: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Best Phone Number for your Parent: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Concerns/Hospital  
Preferences: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Primary Care Physician and Number: \_\_\_\_\_

Any Physical Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ (please give details on back)

Emergency Contact and Number: \_\_\_\_\_

Is this youth covered by personal/family medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

\_\_\_\_\_ (Initial/Circle one) I GIVE/DO NOT GIVE my permission for my youth's photographic image to be used by Swamp Mennonite Church only for its information, outreach activities, and facebook page.

**Permission for Treatment:** My permission is granted for any adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my youth.

**Permission for Transportation:** My permission is granted to travel on all Swamp Mennonite Church sponsored Youth activities in the year/s 2018-2019, with the understanding that youth will only drive themselves or be driven by a sibling, Youth Sponsors, adults over 21, or contracted professional drivers.

**I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Swamp Mennonite Church from any and all claims, demands, actions or causes of actions, past, present, or future arising out of any damage or injury while participating in a church-sponsored youth activity.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_