



Medical and Dental Release

Child/Youth Name _____

Birth date of child/youth _____ Grade _____

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

I give permission for (child's full name) _____ to participate in activities of Valencia United Methodist Church Youth group **September 11, 2022 to September 30, 2023.**

I give my consent for a physician to provide medical or surgical care for my child should an emergency arise under which such action is indicated. It is understood that an effort will be made to notify me before any medical or surgical action is taken.

I, the undersigned guardian of _____, a minor, do hereby authorize clergy, adult workers with youth, or parent volunteers of Valencia United Methodist Church as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. Such diagnosis or treatment can be rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable.

My child is allergic to the following food and/or medication: _____

and/or taking the following medication on a regular basis: _____

Other helpful information (i.e. special needs; disabilities) _____

Parent 1 phone: _____ Parent 2 phone: _____

Other emergency contact _____ Phone _____

Insurance Carrier: _____ Policy Number: _____

Parent/Guardian's Signature _____ Date _____

Note: This form is for Valencia UMC events. Additional permission slips may be required for other events that the youth may participate in.