



**YOUTH MEDICAL RELEASE**  
All information is confidential.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sex: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell #: Mother's Work #: \_\_\_\_\_

Insurance Name & Policy #: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell # Father's Work #: \_\_\_\_\_

Insurance Name & Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List known health conditions, allergies, and medications:  
\_\_\_\_\_  
\_\_\_\_\_

Alternate contact in case of an emergency: \_\_\_\_\_

Alternate Contact Relationship: \_\_\_\_\_ Alternate Contact Home #: \_\_\_\_\_

Alternate Contact Cell #: \_\_\_\_\_ Alternate Contact Work #: \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

By my signature below, I, \_\_\_\_\_ the  
parent/guardian of \_\_\_\_\_ grant  
my permission for him/her to participate fully in activities or trips sponsored by the WordServe  
United Methodist Church of Fulshear, Texas *and grant permission to the church the use of any  
picture's taken during WordServe events for use by WordServe in publications or on the website.*

I understand my signature carries with the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify and hold harmless the WordServe United Methodist Church of Fulshear, Texas from all claims that might result from any injury or death of any minor. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly or through my personal health and accidental insurance policy all medical costs.

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