

Dove of the Desert United Methodist Church

My daughter/son, _____, born on _____
has my permission to participate in the youth activities sponsored by Dove of the
Desert United Methodist Church.

MEDICAL RELEASE AND AUTHORIZATION

The undersigned parents and/or guardians of the above, a minor, hereby release Dove of the Desert United Methodist Church (DOTD) and groups acting in cooperation with DOTD, and any members, counselors, pastors or otherwise, from any and all liability for any injuries or illness sustained or suffered by the said minor child while participating with the DOTD including travel from home to the sites of any events and return from there, including all activities in the course of the event or outing.

Further, this is to authorize the adult representatives of the DOTD and other groups acting in cooperation with the DOTD as counselors on said events, to retain such physicians, surgeons or other medical practitioners as may be necessary for the prompt treatment of our said minor child in the event of any injury or illness during the course of the above-described events.

Finally, in the event of an emergency, if it is impossible for adult representatives of the DOTD and other groups acting in cooperation with the DOTD to personally obtain the consent of the undersigned in advance, this is to authorize such physicians, surgeons, or other medical practitioners as may be retained by the said church representatives to perform such treatment as may be necessary for the benefit and the well-being of our said minor child.

Date: _____ Signature: _____
(Parent/Guardian)

Home Address: _____
(State, City, and Zip Code)

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Pager Number: _____

Notary: _____

THIS IS A BLANKET PERMISSION SLIP FOR ALL DOVE OF THE DESERT YOUTH ACTIVITIES.

Please fill out and bring to the Dove office along with your driver's license. Both Carol Morgan and Marti Betts are licensed to Notarize your document.

Health History (Check - Give approximate dates)

Frequent Colds:	Athlete's Foot:	German Measles:
Heart Trouble:	Frequent Sore Throats:	Sleep Walking:
Kidney Trouble:	Sinusitis:	Tuberculosis:
Measles:	Abscessed Ears:	Allergies:
Convulsions/Epilepsy:	Bronchitis:	Appendicitis:
Pollomyelitis:	Fainting:	Asthma:
Rheumatic Fever:	Upset Stomach:	Chicken Pox:
Scarlet Fever:	Tonsilitis:	Pneumonia:
Bedwetting:	Diphtheria:	Diabetes:
Typhoid Fever:	Serious Ivy Poisoning:	Whooping Cough:
Mumps:	Constipation:	

Operations or Serious Injuries: _____

Mental/Emotional difficulties: _____

Allergic Reactions: Bee Sting: _____ Penicillin: _____ Foods: _____ Drugs: _____

Immunizations and date of last booster: Measles: _____ Tetanus: _____ Polio: _____

Rubella: _____

Activities Restrictions: _____

Please specify any other needs: _____

Insurance Information

Minor's Name: _____

Medical Insurance Company: _____

Group Subscriber's Name: _____ Policy #: _____

Insurer's Name: _____ Social Security Number: _____

Emergency Contact Information (Other than a Parent)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Physician:

Name: _____ Phone: _____

Address: _____