

Solon Center Wesleyan Church
Youth Medical Release Form/Permission Slip
2007-2008

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt.Phone: _____

In the event of an emergency, where medical treatment is required, I give permission to the church staff person or sponsors, to obtain the services of a licensed physician.

Insurance name/policy number: _____

Doctor Phone: _____

Any known allergies: _____

Comments or other medical information: _____

I understand that my child is voluntarily participating in these activities, including transportation to/from such activities. With knowledge of the danger involved, I hereby agree to accept any and all risk of injury of such participation and transportation. I extend my permission for the use of this form for my child to attend the Student Ministries activities off of the Solon Center Wesleyan Church Campus, as well as any special events sponsored by the Youth Ministries.

Signed: _____ Date: _____