



Youth Medical and Permission Form

August 1, 2022 - August 31, 2023

Youth's Preferred First Name: _____ Youth's Legal First Name: _____

Youth's Last Name: _____

Youth's Cell Phone: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Country: _____ Zip: _____

Parent/Guardian 1 First Name: _____ Parent/Guardian 1 Last Name: _____

Parent/Guardian 1 Cell: _____

Parent/Guardian 2 First Name: _____ Parent/Guardian 2 Last Name: _____

Parent/Guardian 2 Cell: _____

I (we) the undersigned parent(s) or guardian(s) of the above youth, give permission for participation in Youth Activities at Atlanta First United Methodist Church of Atlanta, Georgia. With this form I release and discharge Atlanta First UMC, its authorized representatives and staff from liability of any kind. Permission is hereby granted to administer first aid as appropriate for minor problems.

Parent/Guardian 1 Signature: _____ Parent/Guardian 2 Signature: _____

Insurance Co: _____

Policy Number: _____ Certificate Number: _____

Group Number: _____ Name of Insured: _____

Known Medical Conditions to be Aware: _____

Known Allergies: _____

Current Medications: _____

Primary Care Physician: _____ Phone Number: _____

Emergency Contact Other than Parent/Guardian(s)

First Name: _____ Last Name: _____ Cell: _____

Relationship to Youth: _____

Additional Relevant Information: _____

