

**Aldersgate United Methodist Church**  
**Youth Ministry Adult Volunteer**  
**Medical Permission/Release Form**  
**2017-2018 School Year**

Name \_\_\_\_\_ Gender M F  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

In an emergency contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Check and explain all health conditions that you have had or are currently experiencing:

\_\_\_bladder/kidney problems \_\_\_heart problems \_\_\_asthma \_\_\_seizures \_\_\_diabetes  
\_\_\_sinus trouble \_\_\_allergies (please list) \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_

I agree to hold the Aldersgate United Methodist Church and its leaders free from liability for any injuries or losses unless caused by willful or intentional actions. I understand I have limited insurance coverage at any church sponsored event. I, also, grant my permission for photos taken of me at church-sponsored events to appear on the Aldersgate United Methodist Church website, in pictures throughout the church and in publicity for future events. Permission granted for August 1, 2017, to September 1, 2018.

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