

Ashland Youth Ministry

The BLITZ Soul Fuel GAP

Medical Release Form

I, the undersigned parent or guardian of _____, a minor, do hereby authorize Ashland United Methodist Church, its pastors, staff and volunteers to consent to any examination, x-ray, anesthetic medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician hospital or further agree to release, hold harmless and indemnify the church, its pastors, staff, members, and volunteers for any claims for injuries to person or damage to property of what so ever kind or nature arising out of or resulting from the matters contemplated by this form. This authorization shall also include emergency first aid performed by church staff or volunteers.

I also give permission for photographs to be taken of my child that may be used in church publications or materials (print or electronic).

Insurance Information:

Insurance Company
Or Group: _____

Policy Number: _____

Contact Information

(Please Print)

Name of Participant: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone or Pager: _____

(Signature of Parent or Guardian)

Date: _____



Ashland Youth Ministry
The BLITZ Soul Fuel GAP

Medical Release Form

Celebrating 'Youth'
Together

Ashland United Methodist Church
2711 Ashland Ave.
St. Joseph, MO 64506
816-279-7419