

Disaster Ministry
Iowa Conference of The United Methodist Church
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Medical Release Form For Minors

Participant Information

Date/Destination of Trip: _____
Team Leader: _____
Minor's Name: _____ Date of Birth: _____
Emergency Contact Name: _____ Phone : _____
Relationship: _____
Insurance Carrier: _____ Policy Number: _____
Allergies and Medications: _____

Permission to give Tylenol: Yes No Other medication (Be specific): _____

Describe Medical Conditions/Limitations: _____

Signature of Minor: _____ Date: _____

Name of Guardian on Trip (Need picture ID): _____

PARENT OR GUARDIAN AUTHORIZATION

I, _____, authorize _____
(Parent or Guardian) (Guardian on Trip) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

(Signature of Parent or Guardian) Date

NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION

On this _____(day) of _____(year), Before me personally appeared _____
_____to me known to be the same person described in
and who executed the within instrument, and who acknowledged the free act and deed thereof.

Notary of Public
State of _____ County of _____
My commission expires _____

Stamp or Seal: