



# St. Luke's United Methodist Church

300 Ella Taylor Road

Yorktown, VA 23692

## Annual Medical Release Form

There is a potential risk when traveling and or participating in any youth or children's ministry group activity. I/We do not hold St. Luke's United Methodist Church, its ministry staff or volunteers liable for any injury or accident that occurs while my youth/child is participating in church sponsored activities. Every reasonable effort is afforded to provide for a safe experience.

In the event of accident and or injury where emergency medical care is necessary, I hereby give my permission for the church representatives to seek appropriate medical care.

Child/Youth Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Other Medical Information (allergies, medications, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notary Information

State of Virginia County of: \_\_\_\_\_ I, \_\_\_\_\_, do hereby declare that \_\_\_\_\_ appeared before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public