

Lebanon United Methodist Church
Van Emergency Release/ Permission Form

Name: _____ Date of Birth _____

Age: _____ Grade Level: _____

Social Security Number: _____

If under 18, Name of Parent/ Guardians: _____

Address: _____

Phone Number: _____

Email Address: _____

In case of an emergency whom should we call?

Name: _____ Relationship to you: _____

Phone Number: _____

Name: _____ Relationship to you: _____

Phone Number: _____

Name: _____ Relationship to you: _____

Phone Number: _____

Health Insurance Information and policy number:

Turn Over

I give _____ (your name or child/youth's name) my permission to ride Lebanon United Methodist Church van. I fully understand the dangers and risks involved in the activities that I or my child/youth will be participating in and will assume all responsibility of injury in connection with them, releasing and discharging Lebanon United Methodist Church and the volunteers/staff involved of responsibility. In case of emergency, I hereby give permission to the physician selected by the leaders to hospitalize, secure proper treatment for and to order injections, anesthesia, surgery or any other medical treatment needed for me or my child/youth, if I am unconscious or cannot be immediately reached for my child/youth.

Signature: _____

Today's Date: _____

Please list any other addresses that you may need to be picked up at:

Address: _____

Address: _____

Address: _____

Address: _____