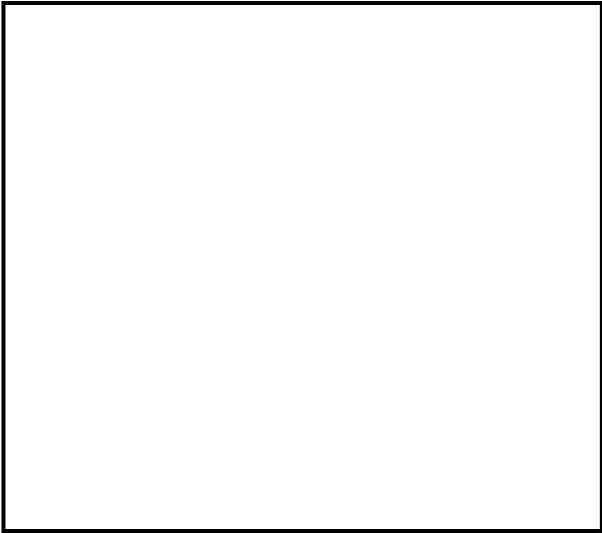


**Mt. Tabor  
United Methodist  
Church  
Student Ministries  
2009 Year Only  
Permission Form for  
Emergency Medical  
Treatment for Youth  
(Necessary for ALL Youth)  
Mt. Tabor UMC 3543 Robinhood Road  
Winston-Salem, NC 27106 336/765-5561**



**This Form MUST Be Notarized Above**

***Please Print Neatly:***

**Youth's Full Name:** \_\_\_\_\_

**Youth's Date of Birth:** \_\_\_\_\_

***I give consent for the Student Ministries adult leaders and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for the above named youth.***

***Name of Parent or Legal Guardian:*** \_\_\_\_\_

***Address of the Parent or Legal Guardian:*** \_\_\_\_\_

***Relationship to the youth:*** \_\_\_\_\_

***Phone #'s where I may be reached:*** \_\_\_\_\_

***Signature:*** \_\_\_\_\_

<u><b>Insurance Information</b></u>	<u><b>Medical Information</b></u>
Insurance Co. _____ _____	Allergies: _____ _____
Policy #: _____	Last Tetanus or DPT: _____
Address: _____ _____	Any medications being taken: _____ _____
Parent's Employer: _____	Other Info: _____