

**Mississippi Conference
United Methodist Church
DISASTER RECOVERY MINISTERIES
MEDICAL RELEASE FORM FOR MINORS**

Participant Information

Date/Destination of Trip _____

Team Leader _____

Minor's Name _____ Date of Birth _____

Emergency Name and Phone Number to Notify _____

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 Public _____

State of _____ County of _____

My commission expires _____