DESOTO YOUTH MINISTRIES, INC.

Medical Release Form
2009/2010

This release MUST be signed and notarized by a parent or guardian! A teen will not be allowed to participate without this release. Please print.

Name:_____ O-Male O-Female
First Middle Last Check one
Address:_____ Home Phone:_____
Street
_____ Cell Phone:_____
City State Zip
School:_____ Grade:_____ Age:_____Height:_____Weight:_____

Birthdate:_____ SS # or Drivers License #_____

Emergency Contact Phone Numbers

Parent(s) Work #(s)_____
Mom Dad Cell #'s
Other Contact Name:_____ _____Phone:_____

Other Contact Name:_____Phone:_____

Insurance Information

Insurance Co:_____ Policy #_____
Please attach a copy of BOTH sides of your insurance card.
List any current medications or allergies or known medical problems such as (Asthma, surgeries, seizures, diabetes, etc.):_____

_____

I hereby give permission to a doctor or hospital with proper credentials to give emergency medical treatment to

NAME of participant (please print):_____
I give permission for DeSoto Youth Ministries to use any photo's taken of participant in their printed material (brochures, newsletters, etc.) and on DYM's website, or in any promotional materials (videos, etc.) Some events or trips involve activities that expose participants to risk of injury. All students and sponsors participate in DYM activities at their own risk. If under 18, signatures must be notarized.

Parent(s)/Guardian's name: (printed)_____

Signed:_____ Date:_____
Parent or Guardian or over 18 participant

Notary Public:_____ Date:_____

DeSoto Youth Ministries, P.O. Box 545, DeSoto, KS 66018
913.583.3411