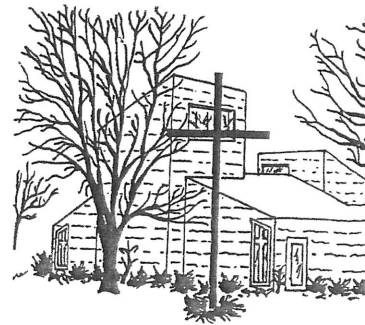


North Olmsted United Methodist Church

4600 Dover Center Road
North Olmsted, Ohio 44070
440-779-6634



YOUTH MEDICAL WAIVER / GENERAL PERMISSION FORM

PLEASE PRINT

YOUTH NAME _____ BIRTH DATE _____ GRADE _____

PARENTS' / GUARDIANS' NAMES _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ — _____ MOTHER'S CELL (____) _____ — _____

YOUTH CELL (OPTIONAL) (____) _____ — _____ FATHER'S CELL (____) _____ — _____

YOUTH E-MAIL _____

PARENT E-MAIL(S) _____

In case of emergency and the parents cannot be reached, contact:

NAME _____ RELATIONSHIP _____

HOME PHONE (____) _____ — _____ CELL PHONE (____) _____ — _____

HEALTH INSURANCE CARRIER _____

POLICY No. _____ PHONE NUMBER (____) _____ — _____

PHYSICIAN _____ PHONE NUMBER (____) _____ — _____

DENTIST _____ PHONE NUMBER (____) _____ — _____

DATE OF YOUTH'S LAST TETANUS SHOT _____

List any allergies, medications, or other conditions we should know about:

I hereby give permission for the above-named youth, for whom I am the parent or legal guardian, to participate in the youth activities sponsored by North Olmsted United Methodist Church, its staff, or volunteers. I assume all risks of accident, injury, or damages to the child and I understand and agree that no employee or agent (whether employed or working as a volunteer) of the church will be held liable for any accident, injury, or damages resulting to the child or to myself from the activity. In case of emergency or accident at the activity, I hereby grant permission to an attending physician to administer any medical attention deemed necessary.

PARENT / GUARDIAN SIGNATURE _____ DATE _____