

Participation Permission and Medical Release Form

I grant permission for _____
(Print name of youth, one form per person)

To participate in local Youth group activities and activities that requires transportation by private automobile. I also authorize the adult leaders of the Fusion Youth Group to act as my agent to consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental, or surgeon diagnosis or treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where services are rendered, either at a doctor's office, clinic, or hospital.

I understand that every attempt will be made to contact the parent or guardian if there is an emergency. I, therefore, assume all responsibility for the decision made for the emergency care or treatment so secured for my child and for the cost incurred by the treatment.

Youth Information

Youth's full name _____

Birthdate _____

Address _____
(Street) (City) (State) (Zip)

Email _____ Telephone _____

Medical Information:

Allergies _____

Medications being taken _____

Physical limitations _____

Special Dietary Considerations _____

Physician's name and number _____

Medical Insurance Company _____

Policy number _____

Signature of Parent or Guardian _____

Printed name of Parent or Guardian _____

Address _____
(Street) (City) (State) (Zip)

Email Address _____

Date _____ Phone Number _____ Cell Number _____

Name and telephone Number of Person or Persons to contact in case parents cannot be reached:

