

The Refuge Youth Ministry

Medical Release Form/Permission Slip

Student Name _____ Phone # _____

Address _____ City & Zip _____

Date of Birth _____

I give permission for the above named child to join the Refuge Youth Ministry of Abundant Life Fellowship, Butte, Montana to attend the Montana Corn Maze located in Manhattan, Montana.

I understand that the group will be traveling via bus which is being provided by Journey Church of Butte, Montana.

I hereby release Abundant Life Fellowship and Journey Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent or legal guardian _____

Date _____ Emergency phone number _____

Parent/Guardian Email _____

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical insurance company _____

Policy Number _____ Member's name _____