

General Parental Permission – Medical Release Form

Event Name: _____ Date: _____

Location: _____

Youth's Name: _____ Age: _____

Parent or legal guardian: _____ Relation: _____

Emergency contact phone: _____

Special medical needs or allergies: _____

My child has permission to participate in this event with the Youth Fellowship from Houghton Lake United Methodist Church at his or her own risk. I permit the adults from Youth Fellowship to provide transportation for my child to and from this event if necessary. In the case of a medical emergency, I authorize the adults from Youth Fellowship to seek competent care until such a time as I can be reached.

Signed: _____ Date: _____
(legal guardian)

*Youth Fellowship at HLUMC, Eric Falker, Youth Leader
7059 W. Houghton Lake Dr., Houghton Lake, MI 48629
989-422-5622*

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