

**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  
7059 W. Houghton Lake Dr., Houghton Lake, MI 48629  
989-422-5622

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