

**Heritage United Methodist Church**  
**UMYF**  
**Emergency Permission and Health Slip**

Should \_\_\_\_\_ be stricken in any way, accident or otherwise, and in the opinion of the counselor in charge, should emergency treatment be required, you have my permission to seek medical help, including surgery, which in your judgment is competent, during any Heritage UMYF activity.

A. The youth named above is/is not covered under hospitalization insurance with \_\_\_\_\_ Company, policy number \_\_\_\_\_.  
This youth does/does not have an insurance card.

B. In case we are unable to contact you in an emergency, whom should we contact next?  
Name \_\_\_\_\_ Phone \_\_\_\_\_

C. Family Physician \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

D. Please answer these questions regarding the youth named above.

1. Any allergy to medications, foods, insect stings, etc?  
\_\_\_\_\_

2. Does she/he take any medication routinely? If so, list name of medication, strength, and dosage schedule:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Blood type (if known): \_\_\_\_\_

4. Are there any other particular medical conditions, which should be known?  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Type or Print name \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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