

*Glenn Memorial United Methodist Church*

**Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and  
Emergency Medical/Contact Information for Children and Youth Activities**

**Child/Youth name:** \_\_\_\_\_  
(Last) (First) (M.I.)

**Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone:** \_\_\_\_\_

**Parent(s)/Custodial Adult(s)' Name(s):** \_\_\_\_\_

**Parent(s)/Custodial Adult(s) Phone numbers:**

**Work phone(s):** \_\_\_\_\_

**Cell phone(s):** \_\_\_\_\_

**In case of emergency contact:**

**1) Name:** \_\_\_\_\_ **Daytime phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Evening phone:** \_\_\_\_\_

**2) Name:** \_\_\_\_\_ **Daytime phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Evening phone:** \_\_\_\_\_

**Name and phone number of primary treating physician:**

\_\_\_\_\_

**Allergies (including medications child/youth can NOT take) / Special Health Concerns:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

