



Fenton Nazarene Youth Ministry
Medical Release Form

Student's Name _____

Birth date _____ Age _____ Grade _____

Address _____

Phone _____

Emergency Phone _____

Insurance Company _____

Policy # _____

Allergies/Medications _____

Notes _____

I give permission to the youth staff of Fenton Nazarene to act on my behalf in case of a medical emergency if I can not be reached.

Parent/Guardian Names _____

Signature _____

Date _____

This medical release form covers the 2007-2008 school year. Permission slips are required for each activity.