



## 2023-24 Contact Information and Medical Release Form

### Student Information

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ home or cell

T-Shirt Size: \_\_\_\_\_ Please add me to Remind & Email list: Yes or No

### Parent/Guardian Information

Name: \_\_\_\_\_ Mother or Father or Guardian

Address: \_\_\_\_\_ (if different from student)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ home or cell

Please add me to Remind & Email list: Yes or No

Name: \_\_\_\_\_ Mother or Father or Guardian

Address: \_\_\_\_\_ (if different from student)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ home or cell

Please add me to Remind & Email list: Yes or No

\*\*Dutilh Church and Dutilh Student Ministries have enacted an opt-out photo policy if you would not like to appear in photographs, videos, or other media, or have restrictions on where and when your likeness may be used, please inform the church office.



## Medical Information

Allergies/Health Concerns/Medications/Dietary Needs:

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Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_

Surgery or Serious Illness History \_\_\_\_\_

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Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Insurer's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

## Medical Release

I give permission for my child, \_\_\_\_\_, to participate in Dutilh Student Ministry of Dutilh United Methodist Church (DSM), Cranberry Twp., PA including travel to events being attended by DSM. I understand that travel will be provided by a personal or rental vehicle driven by an adult chaperone/leader who is age 24 or older with a valid driver's license. I give permission for my child to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's health and safety while at the event, with the understanding that I (emergency contact listed above) will be contacted as soon as possible should the need arise. I accept full responsibility from liability in the event of accidental injury or illness.

**Effective Dates: September 1, 2023, through August 31, 2024**

**Signed:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Print:** \_\_\_\_\_

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