

**West Union Mennonite Church
Health Release Form
For all events in the 2019-2020 school year**

Name of Youth _____

Parent or Guardian _____ **Phone** _____

Cell _____

Address _____

City _____ **State** _____ **Zip** _____

Age _____ **Birthdate** _____ **Gender** _____

Secondary emergency name to contact _____ **Phone** _____

Medications you are taking and/or allergies you have: _____

Medical Permission Release

By signing this release form, I hereby grant permission to the West Union Mennonite Church Youth Sponsors (or the responsible adults) to secure emergency medical treatment for my son/daughter and permission to attending physician, medical facility, and staff, in the event of illness or injury to my child and release from the West Union Mennonite Church, its staff, sponsors and officers from responsibility in case of accident, illness or injury.

Parent/Guardian Signature _____

Date _____

My medical insurance company is _____

My policy number is _____

West Union Mennonite Church
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