

Mount Tabor United Methodist Church  
3543 Robinhood Road  
Winston-Salem, NC 27106  
336-765-5561

**Permission Form for Emergency Medical Treatment  
for Minors** – July 2019

(Necessary for ALL Children, Tweens & Youth of Mount Tabor UMC)

**DATES IN EFFECT: September 1, 20\_\_\_\_ through August 31, 20\_\_\_\_**

*Please Print Neatly:*

Youth's Full Name: \_\_\_\_\_

Youth's Date of Birth: \_\_\_\_\_

*I give consent for the adult leaders of the MTUMC Youth, Tween or Children's Ministries and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for the above named Youth.*

Name of Parent or Legal Guardian: \_\_\_\_\_

Address of the Parent or Legal Guardian: \_\_\_\_\_

Relationship to the Youth: \_\_\_\_\_

Phone #'s where I may be reached: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

*Current insurance information and medical information will be collected at the time of each event for Children, Tweens or Youth.*