

**Glenwood United Methodist Church**  
**Out of Town Health and Permission Form**

My daughter/son \_\_\_\_\_

Has permission to participate in \_\_\_\_\_

Date of Event: \_\_\_\_\_

Location: \_\_\_\_\_

During the activity I may be reached at:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency, and I cannot be present, the leader of this activity has my permission to act in our behalf.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_

Please list below: \_\_\_\_\_

Does this participant have any allergies?      Yes ( )      No ( )

If so, please list: \_\_\_\_\_

Does this participant have any chronic or acute medical conditions?      Yes ( )      No ( )

If so, please list: \_\_\_\_\_

Does this participant take any routine medications?      Yes ( )      No ( )

If so, please list: \_\_\_\_\_

Date of Birth of Participant: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date