

School Year 2024- 2025
Madison Methodist Church
100 Post Oak Road, Madison, MS 39110 - 601-856-6058

**PERMISSION FORM FOR
EMERGENCY
MEDICAL TREATMENT
FOR YOUTH & CHILDREN**
(Necessary for anyone under 19)

This form must be notarized

Subscribed and sworn to before me in my presence,
this ____ day of _____
A Notary Public in and for the County of _____

State of _____

(Signature)

My Commission expires ____ 20 ____

Please print neatly

Student's Full Legal Name _____

Student's Social Security Number _____ Date of Birth _____

**I give my consent for the youth group leaders and/or qualified medical personnel to act on my behalf in
security and administering necessary emergency medical care and treatment for:**

Name of Student _____

Parent or Legal Guardian _____

Street Address _____ City _____ Zip _____

Contact Phone Numbers for parents/legal guardian: _____

Signature of Parent or Legal Guardian _____ Date _____

Insurance Information

Insurance Company _____

Policy Number _____ Address _____

Name of Insured Parent's Employer _____

Medical Information

Allergies _____

Last Tetanus or DPT _____ Medications Being Taken _____

Any Other Significant Information _____
