



Sign form, copy, and submit either of these two ways:

- 1) Mail form to Stephany Nystrand, Youth Dean, 1862 Newman Lane, Tallahassee, FL 32312 , or
- 2) E-mail to fl.fellowship.workshop@gmail.com

Medical Information & Emergency Treatment Release Form

Must be signed by Parent or Legal Guardian, if Minor

Name: _____ Age (if minor): _____

Has there been any recent exposure to a communicable disease?
 NO YES If yes, please describe:

Any history of medical problems we need to be aware of?
 NO YES If yes, please describe:

Any reactions to medications, insect bites, etc.?
 NO YES If yes, please describe:

Present Medications:

In the case of an emergency illness or accident, the Workshop Dean will make every effort to contact the parent or guardian as soon as possible. In the event that immediate contact cannot be made, we require emergency permission to treat your child as needed. This form must be signed by a parent or legal guardian.

In the event that _____ suffers an illness or accident requiring emergency medical treatment, medicine, surgery and/or hospitalization while attending the 2021 Church Music Workshop sponsored by The Florida Chapter of The Fellowship of United Methodists in Music and Worship Arts, I hereby grant my permission for any necessary treatment as authorized by a licensed medical physician, understanding that I will be contacted as soon as possible.

Name of Parent/Guardian no. 1: (print) _____

Signature: _____ Date: _____ Relationship: _____

Daytime Phone: _____ Nighttime Phone: _____

Name of Parent/Guardian no. 2: (optional) _____

Signature: _____ Date: _____ Relationship: _____

Daytime Phone: _____ Nighttime Phone: _____

For parents' protection, no minor will be admitted to the workshop without a signed Medical Information & Emergency Treatment Release Form on file.