

Medical Release Form
First United Methodist Church

2011-2012 Form

This church strives to be a safe, friendly space for all children. In order to maintain a safe environment, we ask for you to fill out this sheet for all youth in your household. It will be kept, confidentially, on file at the church during the period: *August 1, 2011—August 31, 2012*. You are responsible for contacting us with any relevant information changes during this time.

Name: _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Circle one: (daytime / evening) Circle one: (daytime / evening)

Cell Phone Numbers: _____

(Please list who the #'s belong to)

Birth date: _____ Age: _____ Youth is in (Circle one): Sr. High Jr. High

Emergency Contact

In case of emergency, is there someone else we could contact if we were unable to contact those listed above?

Name: _____

Relationship : _____

Address: _____

Daytime Phone: _____

Evening / Cell Phone: _____

Physician Information

Physician: _____

Clinic: _____

Address: _____

Phone: _____

Hospital of choice: _____

SPECIAL NEEDS & HEALTH CONCERNS

(i.e.: Food & Medical Allergies, dietary, current medication and other health concerns)

Insurance Information

Is the participant covered by family medical / hospitalization insurance? yes no

Carrier or plan name: _____

Policy #: _____

Type of policy: _____ Group _____ Individual

Policy Holder:

AUTHORIZATION

I, the parent / guardian (or participant if legal age), authorize the First United Methodist Church staff and youth ministry leaders to secure medical treatment for this person (me) in case of illness or accident for which they feel requires professional medical attention. I hereby, in advance, give permission to the medical personnel selected by the church staff to secure proper treatment including: hospitalization, ordering injections, anesthetics or surgery for (me) my child, in my absence.

Signature of Parent / Guardian:
(participant if legal age)

Printed Name: _____

Date: _____ Relationship: _____