

College UMC Health Release

Child's Name: _____ Date of birthday: _____

Address: _____
(street) (city) (state) (zip code)

Grade: _____ Sex: _____ Height: _____ Weight: _____ Date of last tetanus shot _____
(21-22 school year)

Health Insurance Information (copy of the card would be helpful) **to be used only in the case of emergency

Name of Company _____

Policy Number _____ Group Number _____

Who's name is the insurance in? _____

Preferred Health Care System _____

Health History:

Allergies (medical & food): _____

Present Medications: _____

Medications conditions we need to know of: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the person(s) listed on this form. In the event I (we) cannot be reached, I give my permission for medical treatment to the health care professional selected by the adult leaders at College UMC.

I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs.

I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred.

____ Yes ____ No I allow this child's picture to be taken and used for promotional and publicity purposes.

Parent/Guardian Signature: _____

Date: _____