

Trinity United Methodist Church Medical Release Form 2015-2016

General Information

Name: _____ Age: _____ Date of Birth: _____

Parents/Guardian: _____

Phone Number: _____

Address: _____

Emergency Contact

(If Unable to Reach Parent/Guardian Listed Above)

Primary Contact: _____ Relation: _____

Phone: _____

Back-Up Contact: _____ Relation: _____

Phone: _____

Insurance Information

Policy Holder Name: _____

Date of Birth: _____

Relation to Youth: _____

Phone Number: _____

Address: _____

Insurance Company: _____

Policy #: _____ Group #: _____

Medical Consent

I consent to examination and treatment of my child by a qualified physician and/or hospital emergency room. I also understand that neither Trinity United Methodist Church, any sponsoring organization nor anyone connected with Trinity United Methodist Church nor any sponsoring organization will assume any responsibility for accidents or sickness incurred by my child while at their scheduled activity. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury.

Parent/Guardian Signature: _____ Date: _____

Medical Treatment and Immunization

Drug Allergies: _____ Food Allergies: _____

Other Allergies: _____ Dietary Needs: _____

Asthma: _____ Frequent Headache, dizziness or seizures: _____

Other health problems of limitation of activities: _____

Medications youth is taking: _____ Last Tetanus Shot: _____

Physician's Name: _____ Phone: _____

Address: _____

Photo Release

I consent that my student can be photographed during a designated Trinity UMC event and understand that any pictures taken can be used for both ministry and promotion purposes. Please check the box below to indicate if your youth can be photographed. Yes, my youth can be photographed No, please do not photograph my youth. May we post photos on our Trinity Facebook page? Yes No.

Please note: Our staff cannot administer any medications, prescription or non-prescription to youth. This includes over-the-counter medicines for minor headaches or pains. If your child needs medication (Tylenol, Ibuprofen, etc.) we will contact you. Basic first aid will be administered if needed.