



# FIRST UNITED METHODIST CHURCH OF PENSACOLA

## STUDENT MEDICAL RELEASE

JUNE 1, 2016 - JUNE 1, 2017

Student's Full Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Name of School \_\_\_\_\_

Date of Birth \_\_\_\_\_  
 Boy  Girl Age \_\_\_\_\_ Grade \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email \_\_\_\_\_

Father's name \_\_\_\_\_  
Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Person to contact if parent(s) is/are unavailable:  
Name and relation \_\_\_\_\_  
Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Physicians Name \_\_\_\_\_

Phone: \_\_\_\_\_

### HEALTH HISTORY (Check all that apply)

- Frequent ear infections
- Frequent Colds/Sore Throats
- Sinusitis/Bronchitis
- Strep Throat
- Mononucleosis
- Heart Defect/Disease
- Epilepsy/Convulsions
- Bleeding/Clotting Disorders
- Hypertension
- Stomach Problems
- Other Details Concerning Health History, Diseases and Allergies:

### DISEASES (Check all that apply)

- Chicken pox
- Measles
- Mumps
- German Measles
- Whooping Cough
- Tuberculosis
- Polio
- Diabetes
- Asthma
- Arthritis

### ALLERGIES (Check all that apply)

- Penicillin
- Aspirin
- Poison Ivy/Oak/Sumac
- Hay Fever, etc.
- Food: \_\_\_\_\_
- Insect Stings: \_\_\_\_\_
- Other: \_\_\_\_\_

### SUBJECT TO (Check all that apply)

- Sleep Walking
- Fainting
- Bedwetting
- Constipation
- Other: \_\_\_\_\_

Are immunizations up to date?  Yes  No

If no, please explain \_\_\_\_\_

Do you wear contacts?  Yes  No

Last Tetanus Shot (date) \_\_\_\_\_ Last TB Skin Test (date) \_\_\_\_\_

Activity limitations? \_\_\_\_\_

Specific activities to be encouraged? \_\_\_\_\_

Specific activities to be restricted? \_\_\_\_\_

List any medications or drugs taken regularly \_\_\_\_\_

Special medical or dietary regime to be continued? \_\_\_\_\_

Suggestions for Chaperones or Church Leaders \_\_\_\_\_

Medical Release and Insurance Information Valid June 1, 2016 - June 1, 2017

Student Name \_\_\_\_\_

Is coverage for dependents?  Yes  No

Medical Insurance Company Name \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance issued in the name of \_\_\_\_\_ Preauthorization Phone # \_\_\_\_\_

I certify that the above-named student is my child or my legal ward and resides with me. In the event he/she becomes ill, is injured, or for any reason requires medical treatment while attending a First United Methodist church function or activity, I do hereby consent to any and all medical or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physician selected by agents or officials of the First United Methodist Church. In the event treatment is called for which a physician or other health care provider refuses to administer without my/our consent, I/we hereby authorize the Staff at First United Methodist Church or any other representatives of First United Methodist Church, to give such consent and further agree to hold any person harmless from any claims, demands, or suits of any nature arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for leaders to restrict my child from participation in any activities that they have any questions about for health or other reasons.

The intention of this release is to grant authority to administer and perform any and all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. I will see that payment is made for all medical expenses incurred for medical treatment for the above named student. This payment will be made by myself or by my insurance company providing coverage for the above-named student.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by First United Methodist Church for the 2016- 2017 calendar year. I fully release First United Methodist Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action that might be asserted in our behalf against said church, representatives or staff.

In addition, I also give authorization for First United Methodist Church to use my child's first name, voice, likeness, photograph and video in program materials, promotional materials, and other works such as publications, video commercials and display.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*