



FIRST UNITED METHODIST CHURCH OF PENSACOLA

STUDENT MEDICAL RELEASE

JUNE 1, 2017 - JUNE 1, 2018

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, 2017 - June 1, 2018

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 2017- 2018 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