

# Information and Medical Release Form

Highland Park United Methodist Church

1300 Second Loop Rd.

Florence, SC 29505

843-662-1233

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Allergies \_\_\_\_\_

Special health problems or concerns \_\_\_\_\_

Medicines your child currently takes \_\_\_\_\_

Medicines your child CANNOT take \_\_\_\_\_

My child has permission to be given Tylenol or Ibuprofen if he or she requests it.  Yes  No

Date of Last Tetanus Shot \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

## **Emergency Contact Person(s):**

Parent \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Parent \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

A) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Person's relationship to youth: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

B) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Person's relationship to youth: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**I hereby give my permission to have my child \_\_\_\_\_ (or myself) treated by competent medical personnel as a result of an accident or medical emergency while involved in any youth group activity.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** This Information and Medical Release form will remain in effect until **August 31, 2008**. Please notify us if any of this information changes.

\*\*\*Please attach a photocopy of both sides of insurance card\*\*\*