



MEDICAL RELEASE FORM

(PLEASE PRINT)

Name of Student:

Date of Birth:

Age:

Address:

City:

State:

Zip:

Phone Number: ()

Height:

Weight:

Sex: M / F

Social Security Number: - -

EMERGENCY CONTACT PERSON:

#1 Parent/Guardian Name:

Address: (if different from student)

City:

State:

Zip:

Phone Number: (Home)()

(Cell)()

(Work)()

#2 Parent/Guardian Name:

Address: (if different from student)

City:

State:

Zip:

Phone Number: (Home)()

(Cell)()

(Work)()



Medical Insurance:

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activities with Trinity at the Well United Methodist Church Youth Ministry.

Do you have health insurance? Yes No

Name of Insurance Company:

Policy Number:

In whose name is the insurance under?

Insurance Address:

Insurance Phone:

Family Doctor:

Doctor's Phone Number: ()

Health History:

Pre-existing or present medical conditions (i.e. Asthma):

Name and dosage of any medications that must be taken:

Allergies to medications?

Any allergies (i.e. Insect Stings)?

Date of Last Tetanus Shot:

Any activity restrictions?



I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activities of the Trinity at the Well United Methodist Church Youth Ministry, I hereby give my permission to the physician or dentist selected by activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Trinity at the Well United Methodist Church through its accident insurance policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by the Trinity at the Well United Methodist Church Youth Ministry and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Trinity at the Well United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. This release is effective for the period of one year from the date given below.

Parent/Guardian Signature:

Date:

Signature of Student: (if over 18 years of age)

Date: