

Children's Ministries Medical Release Form

Mt. Sylvan United Methodist Church

5731 Roxboro Road, Durham, NC 27712

Phone 919-471-0032 / Fax 919-479-7330

Effective Date: June 1, 2018-May 31, 2019

Information on this form is carried on all outings. In case of an emergency, illness, or accident, parents/guardians will be contacted at the earliest possible moment. In the event we cannot reach you immediately, we need permission for emergency medical care. Please fill out both sides of this form completely, so that information is available for health care providers if medical care is necessary.

In the event (print child's/children's full name) _____
suffers an illness or accident requiring emergency treatment, hospitalization, medication, or surgery while participating in activities of Mt. Sylvan UMC, I hereby authorize any necessary treatment, hospitalization, medication, or surgery recommended by a licensed physician and approved by the person in charge of the children's activity. By my signature, health information deemed necessary by a physician for the attending adult to make such a decision is released in accordance with HIPAA guidelines.

Print Mother/Guardian's name

Print Father/Guardian's name

Parent/Guardian's signature

Date

Child/Children's Physician/Pediatrician _____
Name and phone number

Child's Soc. Sec. # _____ Child's birthdate _____

Child's Soc. Sec. # _____ Child's birthdate _____

Child's Address _____

Parent/Guardian Contact Information

Mother's Phone: Home _____ Work _____ Cell _____
(or maternal guardian)

Father's Phone: Home _____ Work _____ Cell _____
(or paternal guardian)

In case neither parent/guardian can be reached, contact

Home _____ Work _____ Cell _____

Medical Insurance Information

Insurance Company _____

Policy # _____

Group # _____

Chronic Illnesses/Restrictions

Please write none if not applicable.

Allergies

List all allergies and reactions. Please write none if not applicable.

Prescription Medication Information

Please list name of medication, dosage, and frequency. Please write none if not applicable

Do not write below this line

State of North Carolina

Durham County

I, _____, Notary Public of Durham County, do hereby certify that

_____, appeared before me this day and acknowledged the due

execution of the foregoing instrument in writing.

Witness my hand and seal, this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public
(Stamp/Seal)