

East Stroudsburg United Methodist Church

Health/Medical Release Form

Form must be completed in full, please print clearly.

Name of Child: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Father/Guardian's Name: _____ Cell Phone: _____

Mother/Guardian's Name: _____ Cell Phone: _____

If Parent(s) not available

Alternative Contact Person: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Insurance Information: If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is in this event/activity

Do you have health insurance? YES _____ NO _____

Name of Insurance Company: _____

Family Doctor: _____ Phone Number: (____) _____

List any special needs your child might have: _____

List any medications your child is currently taking: _____

List any and all severe food allergies: _____

Does your child suffer from any of the following? Hay Fever _____ Insect Stings _____ Frequent Stomach Upsets _____

Diabetes _____ Frequent Headaches _____ Asthma _____ Nervous Disorders _____ Epilepsy _____

Physical Handicap _____ Any major illness during the past year _____ Other _____

*If any of the above is checked, please give details including treatment and/or allergic reactions:

Any activity restrictions: YES _____ NO _____ If yes, what activity: _____

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, an attempt will be made to immediately contact the persons listed on this form. In the event that we cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the EMT's, physical, or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery from my child which is deemed medically necessary.

I understand all reasonably safety precautions will be taken at all times by East Stroudsburg UMC and its agents during the events and activities. I understand the possibility of unforeseen hazards and know that inherent possibility of losses, diseases or injuries incurred by my child.

Parent/Guardian Signature: _____ Date: ____/____/____