

WILMORE UNITED METHODIST CHURCH
MEDICAL PERMISSION FORM

Please complete this form with current and accurate information. This medical permission form is considered current from the date executed. You are responsible for notifying us of any changes to this information. Thank you for your cooperation.

CHILD'S INFORMATION

Full Name of Child: _____ Date of Birth: _____

Home Address: _____

Home Phone Number: _____ Social Security Number: _____

MEDICAL INFORMATION

Known Allergies (Medications, foods, insects, etc.): _____

Current Medication(s): _____

List any major surgeries with dates: _____

Physician's Name: _____ Phone Number: _____

Date of Last Tetanus Shot: _____

Health Insurance Company: _____ Policy Number: _____

INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS MEDICAL PERMISSION FORM

EMERGENCY CONTACT INFORMATION

Father's Name: _____

Driver's License Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Home Phone Number: _____

Mother's Name: _____

Driver's License Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Home Phone Number: _____

Please provide information for another person who can be contacted in case of an emergency:

Contact Name: _____

Relationship to child: _____

Driver's License Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Home Phone Number: _____

I give permission for my child to be taken to the nearest hospital or doctor in case of an accident or illness, and I give my permission for my child to be treated if I am unable to be notified.

In consideration of my child participating in activities and using church facilities of Wilmore United Methodist Church, I agree to hold the Church, its staff and any volunteers acting on behalf of the Church, harmless from any damage or claims of any nature whatsoever, including any claims based on alleged negligence, that may arise from or through my child's participation in Church activities or use of Church facilities. I personally assume all risks in connection with the use of Church facilities or participation in Church activities, and I release the Church, its members and staff from any injury or damage that may occur. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE ON MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

Parent or Guardian's Signature

Today's Date