

Medical Release Form

First United Methodist Church of Tuscaloosa

Youth's Full Name: _____ DOB: __/__/____
SS#: _____ - _____ - _____ School: _____ Grade: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Full Name of Parent/Guardian: _____
Street Address (if different from above): _____
City: _____ State: _____ Zip Code: _____

Home Phone # of Parent/Guardian: _____
Cell Phone # of Parent/Guardian: _____
Other Emergency Phone #'s: _____

Insurance Company Name: _____
Policy #: _____ Group #: _____
Name of Insured: _____
Insured's SS#: _____ - _____ - _____

Allergies: _____
Medications Taken: _____
Special Needs Requested: _____

Family Doctor Name: _____ Phone #: _____

Youth had any serious illness or surgery in the past year? (circle) Y or N
If yes, please list: _____

I, _____, give permission to seek treatment for my child in an emergency.

Parent/Guardian Signature: _____ Date: _____

Notary Public: _____

My Commission Expires: _____

My Child and I have read FUMC's Code of Conduct. We agree to the rules and its conduct policies. Therefore, by signing below, I take full responsibility of my child's actions and behaviors.

Parent/Guardian Signature _____ Date _____

Youth Signature _____ Date _____

