

# HEALTH RELEASE

May use your Local Church form, if you have one, have copy of insurance card  
Please Print

Name of Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Parent (s) Name \_\_\_\_\_  
Address (if different from student) \_\_\_\_\_  
Home phone \_\_\_\_\_ Work number (mother) \_\_\_\_\_ (father) \_\_\_\_\_  
Cell phones \_\_\_\_\_  
Alternate emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

## Health Insurance information: **Include a copy of the health insurance card**

Name of company \_\_\_\_\_  
Policy number \_\_\_\_\_ Group number \_\_\_\_\_  
In whose name is the insurance \_\_\_\_\_  
Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

## Health History:

Medical conditions we need to know: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Present Medications \_\_\_\_\_

wear contacts? Yes No Date of last tetanus \_\_\_\_\_

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 (we) cannot be reached, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of the United Methodist Church.

I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs.

I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

For promotional and publicity purposes, I will allow my youth's picture to be taken and used. Names will not be used to identify persons in the pictures.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_