

Release Form

NAME: _____
Last First Middle DOB

ADDRESS: _____
Street City State Zip

TELEPHONE: () _____

NOTIFY IN CASE OF MEDICAL EMERGENCY:

NAME: _____

NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

SSN #: _____

SSN #: _____

Employer: _____

Employer: _____

Primary Insurance holder? Y ___ N ___

Primary Insurance holder? Y ___ N ___

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

Cell/2nd # () _____

Cell/2nd #: () _____

ALLERGIES TO MEDICATIONS, FOODS, ETC.?

WHAT MEDICATION IS CURRENTLY BEING TAKEN? _____

DATE OF LAST TETANUS SHOT: _____

NAME OF FAMILY PHYSICIAN: _____ PHONE#: () _____

HEALTH INSURANCE CO. _____

POLICY #: _____

GROUP NUMBER: _____

In the event _____ suffers any illness or injury requiring hospitalization, medical treatment or medication, I hereby give my permission for any medical treatment which may be deemed necessary by medical personnel.

Parent's or Guardian's Signature

Date

I give permission for Braddock Street UMC to contact my child through cell or social media. (In accordance with the safe sanctuaries policy which can also be found online)

Parent's or Guardian's Signature

Date

I give permission for Braddock Street UMC to use my child's image on church related website, social media and publications. (In accordance with the safe sanctuaries policy which can also be found online)

Parent's or Guardian's Signature

Date