

Medical Release Form
Signal Crest United Methodist Church
(This side to be filled in by parents/guardian of minors.)

Name: _____
Birthdate: _____ Sex: _____ Age: _____

Parent or Guardian or Spouse:

Name: _____
Phone: _____ Cell Phone: _____ Work Phone: _____
Home Address: _____
Street City/State Zip

Business Address: _____
Street City/State Zip

Second Parent or Guardian or Emergency Contact:

Name: _____
Phone: _____ Cell Phone: _____ Work Phone: _____
Home Address: _____
Street City/State Zip

Business Address: _____
Street City/State Zip

Health History (Check - Giving Approximate Dates)

_____ Frequent Ear Infections	_____ Allergies	_____ Diseases
_____ Heart Defect/Disease	_____ Hay Fever	_____ Chicken Pox
_____ Convulsions	_____ Ivey Poisonings, etc.	_____ Measles
_____ Diabetes	_____ Insect Stings	_____ German Measles
_____ Bleeding/Clotting Disorder	_____ Penicillin	_____ Mumps
_____ Hypertension	_____ Other Drugs	_____ Mononucleosis
_____ Asthma	_____ COVID-19	

_____ Date

Operations or serious injuries (Dates): _____

Disability or chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice _____

Dietary modifications: _____
Current medications (send with instructions): _____
Other diseases or details of above: _____

Name of Family Physician: _____ Phone: _____
Name of Dentist/Orthodontists: _____ Phone: _____
Date of last physical examination: _____

Insurance Information

(It is important that this be complete in case of an emergency)

Health Insurance Company: _____

Policy Number: _____

Vaccination Information

Tetanus Shot: Yes No

Date: _____

COVID Vaccine: Yes No

Date: _____

COVID Booster: Yes No

Date: _____

If any changes in the health of my child occur after the completion of this form, I understand I need to inform, in writing, the Director of Youth Ministries.

Authorization to Consent to Treatment of Minor

We, the undersigned parent(s) of _____ a minor, give permission to Signal Crest United Methodist Church to administer over the counter medication (ex. ibuprofen, tylenol, benedryl, etc.) if needed to my student.

Parent(s) or Guardian (s) Signature

Date Completed

We, the undersigned parent(s) of _____ a minor, do hereby authorize adult workers with youth of Signal Crest United Methodist Church, as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician or at said hospital.

Parent(s) or Guardian (s) Signature

Date Completed

I (We) the undersigned parent(s) or guardian(s) of _____ (a minor) give our consent for him/her to participate in the Youth Ministries Program of Signal Crest United Methodist church. This consent extends to participation in activities held on the church premises as well as those held in other locations. In case of accident or illness I will not hold the church, its paid staff or approved volunteers liable.

I (We) understand that in the event our child would like to a guest to activities beyond the church premises, then permission from the guest's parents is needed. Their permission should include permission for the activity and two emergency contacts.

Parent(s) or Guardian (s) Signature

Date Completed

State of Tennessee / County of Hamilton

_____ appeared before me, a Notary Public of the State and Conty aforesaid. WITNESS my hand and seat this _____ Day of _____, _____.

Notary Public

My commission expires: _____