

2013-14

Medical Information and Release Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents' Names \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Other) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
(other than parent) (Work) \_\_\_\_\_  
(Other) \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

Medications normally taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that in the event of a medical emergency involving my child \_\_\_\_\_ Union Presbyterian Church will make every effort to contact me. If the leader(s) acting on behalf of the church cannot reach me, I give permission for them to seek emergency medical treatment for my child. Any medical fees incurred will be my responsibility, and I will not hold Union Presbyterian Church or leader(s) acting on its behalf liable for their actions taken on my behalf.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_