
Student's Name

First United Methodist Church
301 Church St.
Sulphur Springs, TX 75482
(903) 885-2185

HEALTH & RELEASE FORM

During the period of September 1, 2017 through September 1, 2018, *the above named student* will participate in student activities sponsored by **First United Methodist Church of Sulphur Springs, TX**.

For the above listed dates, in which this form is effective, the undersigned parent/guardian of the above written minor child, authorizes the sponsors in charge of any **First United Methodist Church of Sulphur Springs, TX** activity to such medical treatment and/or hospital care as may be deemed necessary by a licensed physician for the above mentioned minor. This authorization includes consent to any examination, medical diagnosis, treatment, or hospital care, including drugs under an emergency situation, in order to preserve the health or life of said minor child. This authorization is effective September 1, 2017 and shall continue until September 1, 2018. The undersigned further releases the **First United Methodist Church of Sulphur Springs, TX and it's sponsors** from any and all liability which may result from sickness or injury to the minor child while on a First United Methodist Church of Sulphur Springs, TX sponsored trip or activity.

Parent/Guardian Signature

Date

(TURN PAGE OVER)

MEDICAL INFORMATION

Medication my child takes at this time: _____

For the following reasons: _____

My child is allergic to the following medications: _____

Date of last Tetanus Shot (should be current): _____

My child has the following physical and/or medical conditions which the sponsor and or a physician should know about. (Please list allergies, physical and/or medical conditions, etc.):

IN CASE OF EMERGENCY, NOTIFY (please print)

1. _____ Relationship _____

Phone :Home: _____ Cell: _____ Work: _____

2. _____ Relationship _____

Phone :Home: _____ Cell: _____ Work: _____

PHYSICIAN

Physician: _____ Address: _____

Phone: _____

INSURANCE INFORMATION

Insurance Company: _____ Phone No.: _____

Name of Policy Holder: _____ Policy No.: _____

Other Insurance Information: _____

Please attach a copy of your current insurance card.

(TURN PAGE OVER)