



Knightsdale United Methodist Church

Youth / Children Medical Release Form

Valid Dates: 08/01/2018 – 8/31/2019

Youth's or Child's Name _____ Date of birth ____/____/____
First Mid. Initial Last

Address _____
Street City State Zip Code

Residence Phone: _____ Youth's Email _____

Preferred Name _____

Current Grade as of September 2018 _____ School _____

Parent/Guardian _____ Relationship _____
Last First Mid. Initial

Address _____
Street City State Zip Code

Home (____) _____ Work (____) _____ Cell(____) _____

Parent/Guardian Email _____

2nd Parent/Guardian _____ Relationship _____
Last First Mid. Initial

Address _____
Street City State Zip Code

Home (____) _____ Work (____) _____ Cell(____) _____

2nd Parent/Guardian Email _____

Siblings Name _____ Date of birth _____ Grade _____

Name _____ Date of birth _____ Grade _____

Name _____ Date of birth _____ Grade _____

Contact in case of emergency (when parents/guardians cannot be reached):

Name _____ Relationship To Youth / Child _____
Last First Mid. Initial

Address _____
Street City State Zip Code

Home (____) _____ Work (____) _____ Cell(____) _____

Medical Information

Date of last Tetanus shot _____ Medications youth or child **cannot** take: _____

Allergies/special health problems or concerns: _____

Insurance _____ Phone (_____) _____

Policy # _____ Policy Holder's Identification # _____

Address _____

Street City State Zip Code

Physician _____ Phone (_____) _____

Dentist _____ Phone (_____) _____

Updated on _____ Signed _____

For routine medical care (headaches, scrapes or insect bites etc.) please check the following that can be given:

___ Acetaminophen (i.e. Tylenol)

___ Ibuprofen (i.e. Advil or Motrin)

___ Antibiotic ointment (i.e. Neosporin) (cuts or scrapes)

___ Hydrocortisone cream (i.e. Benedryl) (insect bites or stings)

Other: _____

Permissions

I do hereby certify that my child, _____, has permission to participate:

In all activities approved by the Youth / Children Councils from Aug. 1, 2018 to Aug. 31, 2019. ___yes ___no

In church newsletter, television, or newspaper photographs ___yes ___no

In photographs on the church website (youth's name would not be used) ___yes ___no

In trip using the KUMC van and other vehicles designated by Youth / Children's Councils ___yes ___no

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Knightdale United Methodist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to those adults in attendance with the group.

I understand that Knightdale United Methodist Church does not carry accident or medical insurance on participation volunteers. I agree that my insurance company will be used for such medical care expenses. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance coverage and that I am responsible for the payment of any medical bills.

This is the _____ day of _____, 20__.

Signature/Relationship (Parents or Guardians of minor participants)

Personally appeared before me, _____
a Notary Public of _____ County in the State of _____,
the persons whose signatures appear above and with whom I am personally acquainted and acknowledge
that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____