



# Knightsdale United Methodist Church

## Youth / Children Medical Release Form

Valid Dates: 08/01/2016 – 8/31/2017

**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 2016 \_\_\_\_\_ 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:**

\_\_\_ Tylenol

\_\_\_ Motrin

\_\_\_ Neosporin ointment (cuts or scrapes)

\_\_\_ Hydrocortisone cream or 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, 2016 to Aug. 31, 2017. \_\_\_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: \_\_\_\_\_