

## MEDICAL RELEASE FORM

- 1) Complete form
- 2) Save form as PDF
- 3) Email PDF form to: [membership@cos-umc.org](mailto:membership@cos-umc.org)
- 4) Form expires on 5/31/2023

### PARTICIPANT INFORMATION

(please print)

Name:

Street:

City, State, Zip:

Date of Birth:

Gender:

Mobile Phone:

Email:

Grade in School:

Insurance Carrier:

Insurance ID Number:

### EMERGENCY CONTACT (parent/legal guardian)

Name:

Relationship:

Phone:

### ALTERNATE EMERGENCY CONTACT

Name:

Relationship:

Phone:

### MEDICAL CONTACT

Physician Name:

Phone:

Dentist Name:

Phone:

### MEDICAL RELEASE

I hereby authorize the treatment of the listed participant by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said participant is engaged in any church program including transportation to and from that program. This authority is granted only after a reasonable attempt has been made to contact me.

### ALLERGIES

Medications    Food    Seasonal    Animals/Insects

### MEDICATIONS

(print name, dosage, and schedule)

1:

2:

3:

4:

5:

### TETANUS VACCINATION

Date:

### CONDITIONS/DISORDERS

Cardiac    Respiratory    Neurological    Gastrointestinal  
Emotional    Behavioral    Diabetic    Sleep

### APPLIANCES

Glasses    Contacts    Retainers    Other

### SWIMMING

Competent    Novice    Non-swimmer

### DIET

Omnivore    Vegetarian    Vegan    Pescatarian

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_