

MEDICAL RELEASE FORM

- 1) Complete form
- 2) Save form as PDF
- 3) Email PDF form to: membership@cos-umc.org
- 4) Form expires on 5/31/2024

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: _____