

Pell City First United Methodist Church
Student Ministry Health Information and Medical Release

Last Name: _____ First Name: _____ Male Female

Address: _____

City, State, Zip: _____ Home: _____

Father/Guardian: _____ Mother/Guardian: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Emergency Contact: _____	Primary Physician: _____
Relationship: _____	Phone: _____
Home Phone: _____	Hospital: _____
Work Phone: _____	
Cell Phone: _____	

HEALTH HISTORY:

- Frequent ear infections
- Frequent Colds / Sore Throats
- Sinusitis / Bronchitis
- Strep Throat
- Mononucleosis
- Heart Defect / Disease
- Epilepsy / Convulsions
- Bleeding / Clotting Disorders
- Hypertension
- Stomach Problems

DISEASES:

- Chicken pox
- Measles
- Mumps
- German Measles
- Whooping Cough
- Tuberculosis
- Polio
- Diabetes
- Asthma
- Arthritis

ALLERGIES:

- Penicillin
- Aspirin
- Other _____
- Food _____
- Insects _____
- Poison Ivy/Oak/Sumac

SUBJECT TO...

- Sleep walking
- Fainting
- Bedwetting
- Constipation

Other health issues not listed above _____

Activity Limitations? _____

Medications taken regularly _____

Special medical or dietary needs? _____

Are immunizations up to date? _____ If no, please explain _____

Date of last Tetanus Shot? _____

(continued on back)

MEDICAL RELEASE & INSURANCE INFORMATION

Valid August 1, 2008 to August 31, 2009

Name of youth _____

Insurance issued in the name of _____

Medical/Health Insurance Co. Name: _____

Policy Number: _____ Group Number: _____

I certify that the above-named youth is my child or my legal ward and resides with me. In the event he/she becomes ill, is injured, or for any reason requires medical treatment while attending a Pell City First United Methodist Church function or activity, I do hereby consent to any and all medical or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physician selected by agents or officials of the Pell City First United Methodist Church. In the event treatment is called for which a physician or other health care provider refuses to administer without my/our consent, I/we hereby authorize the Staff at Pell City First United Methodist Church or any other representatives of Pell City First United Methodist Church, to give such consent and further agree to hold any person harmless from any claims, demands, or suits of any nature arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for leaders to restrict my child from participation in any activities that they have any questions about for health or other reasons.

The intention of this release is to grant authority to administer and perform any and all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. I will see that payment is made for all medical expenses incurred for medical treatment for the above named youth. This payment will be made by myself or by my insurance company providing coverage for the above-named youth.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Pell City First United Methodist Church for the 2008-2009 calendar year. I fully release Pell City First United Methodist Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action that might be asserted in our behalf against said church, representatives or staff.

Signature of Parent/Guardian

Date

Parent/Guardian (Please print)