

YOUTH Medical Release Form for Fayetteville First United Methodist Church

Child's Full Name _____ Date of Birth _____
 Preferred Name to be called _____ Boy () Girl ()
 Address _____ Home Phone: _____
 City / Zip _____ E-mail: _____
 Name of School _____ Grade as of fall 2020 _____ Age _____

Father's name _____ Home Phone: _____
 Occupation _____ Work Phone: _____
 Cell Phone: _____
 Mother's name _____ Home Phone: _____
 Occupation _____ Work Phone: _____
 Cell Phone: _____

Person to contact if parent(s) is/are unavailable:

Name & relation _____ Home Phone: _____
 Occupation _____ Work Phone: _____
 Cell Phone: _____

HEALTH HISTORY (check all those that apply. Attach additional sheet if necessary)

	<u>DISEASES:</u>	<u>ALLERGIES:</u>
Frequent ear infections _____	Chicken pox _____	Hay Fever, etc. _____
Frequent Colds / Sore Throats _____	Measles _____	Poison Ivy / Oak / Sumac _____
Sinusitis / Bronchitis _____	Mumps _____	Insect Stings _____
Strep Throat _____	German Measles _____	Penicillin _____
Mononucleosis _____	Whooping Cough _____	Aspirin _____
Heart Defect / Disease _____	Tuberculosis _____	Other _____
Epilepsy / Convulsions _____	Polio _____	Food _____
Bleeding / Clotting Disorders _____	Diabetes _____	SUBJECT TO: Sleep Walking _____
Hypertension _____	Asthma _____	Fainting _____ Bedwetting _____
Stomach Problems _____	Arthritis _____	Constipation _____ Other _____
Other Diseases or Details of Above _____		

Do you wear contact lens? _____
 Are immunizations up to date? _____ If no, please explain _____
 Date of last Tetanus Shot _____ Date of last TB skin test _____
 Any activity limitations? _____ Restrictions? _____
 Any specific activities to be encouraged? _____
 List any medications or drugs taken regularly (presently or recently) _____
 Any special medical or dietary regime to be continued? _____
 Physicians Name _____ Phone: _____

INSURANCE

Name of child _____ Insurance issued in the name of: _____

Is the coverage for a dependent? _____

Medical/Health Insurance Co. Name: _____

Policy Number: _____ Group Number _____

Preauthorization Phone # _____

PLEASE INCLUDE A COPY OF YOUR CARD WITH THIS FORM

I certify that the for-mentioned child is my child or my legal war and resides with me. In the event he/she becomes ill, is injured, or for any reason requires medical treatment while attending a Fayetteville 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 Fayetteville 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 Fayetteville First United Methodist Church or any other representatives of Fayetteville 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 which 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 child / 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 Fayetteville First United Methodist Church for the 2006-2007 calendar year. I fully release Fayetteville 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 which might be asserted in our behalf against said church, representatives or staff.

Signature of parent / guardian _____ Date _____

I _____ understand and agree to abide with the restrictions place on my activities by my parent / guardian.

Sworn to and subscribed before this _____ day of _____, 2____.

NOTARY PUBLIC
State of Georgia, My commission expires:

PRINT, TYPE OR STAMP
COMMISSIONED NAME OF NOTARY PUBLIC

Personally known _____ or _____ Type of identification produced