

Please fill out, print and sign this form and mail or bring to Children's Ministry office at church.

MEDICAL HISTORY & RELEASE FORM

Child's Name _____ Age: _____ Gender: _____

Parent/Guardian Name: _____

Home Phone _____ Work _____ Cell: _____

Home Address _____ City _____ Zip _____

In Emergency, notify _____ Phone _____

Address _____ City _____ Zip _____

Relationship _____

Health History (Please list date as well)

Frequent Colds _____ Kidney Trouble _____ Chickenpox _____ Sinusitis _____

Bedwetting _____ Measles _____ Mumps _____ Coughs _____

German Measles _____ Convulsions _____ Abscessed Ears _____

Athlete's Foot _____ Bronchitis _____ Sleepwalking _____

Whooping Cough _____ Fainting _____ Constipation _____

Polo _____ Nose Bleeds _____ Stomach Upsets _____

Rheumatic Fever _____ Tuberculosis _____ Serious Ivy, Oak or Sumac _____

Poisoning _____ Operation or Serious Injuries _____

Please explain _____

Allergic Reactions: Bee Sting _____ Penicillin _____ Other Drugs _____

List all medications currently being taken: (include dosage)

List activities that are to be restricted, such as swimming, climbing, etc: _____

Medical & Liability Release Form

Should emergency medical treatment be necessary, I authorize the Leader Representative of **Richmond Hill UMC** to act on my behalf and approve appropriate treatment. I also release from any and all liability of **Richmond Hill UMC** and its board as well as any of the church staff, board, and adult sponsors, in the event of any accident in route, during, and returning from this event.

I hereby give permission to the nurses or physician selected by the **Richmond Hill UMC** Leadership to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above as deemed necessary to avoid extreme or permanent physical damage or death.

Health Insurance Carrier _____

Policy Number _____ Name of Insured _____

Copy of Medical Card attached _____ yes

Parent/Guardian Signature

Date