

Medical Release for 2009-2010 School Year



Name _____ / _____ / _____ Date of Birth _____
(Last) (First) (M.I.)

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Home # _____ - _____ - _____

Parent Cell # _____ - _____ - _____ Email Address _____

Emergency Contact:

1. Name _____ Relation _____ Phone# _____

Medical Information:

Physician _____ Physician's # _____

Allergic To: _____

Current Medication _____

Date of Last Tetanus Shot _____ Insurance Provider _____

Insurance Policy Number _____

Release of Liability

I, _____, legal parent or guardian of _____, give consent for my child to participate in activities sponsored by First United Methodist Church of Cleburne, and I hereby release FUMC, its staff and volunteers of any liability in the event of an accident or injury.

I further authorize any of the staff or volunteers of FUMC Cleburne to obtain any and all necessary medical and/or dental attention and/or treatment for my above named minor child, including surgical procedure if advised by the attending physician. I have listed on this form any and all special medical problem concerning my child and I confirm that I have advised the leaders of FUMC Cleburne of any such medical problems.

Parent/Guardian Signature _____ Date _____

Student Covenant of Conduct:

I agree to remember who I am and who I represent!

Student Signature _____ Date _____