Release Form

NAME:_____ _____
Last First Middle DOB

ADDRESS:_____
Street City State Zip

TELEPHONE: ( ) _____

NOTIFY IN CASE OF MEDICAL EMERGENCY:

NAME:_____
RELATIONSHIP:_____
SSN #: _____
Employer:_____
Primary Insurance holder? Y___ N_____
ADDRESS: _____
_____
TELEPHONE: ( )_____

Cell/2nd # ( )_____

NAME:_____
RELATIONSHIP:_____
SSN #:_____
Employer:_____
Primary Insurance holder?Y___ N__
ADDRESS:_____
_____
TELEPHONE: ( )_____

Cell/2nd #: ( )_____

ALLERGIES TO MEDICATIONS, FOODS, ETC.?

_____
_____

WHAT MEDICATION IS CURRENTLY BEING TAKEN? _____
_____

DATE OF LAST TETANUS SHOT: _____

NAME OF FAMILY PHYSCIAN:_____PHONE#: ( )_____

HEALTH INSURANCE CO. _____
POLICY #: _____
GROUP NUMBER: _____

In the event _____ suffers any illness or injury requiring hospitalization, medical treatment or medication, I hereby give my permission for any medical treatment which may be deemed necessary by medical personnel.

_____ _____
Parent's or Guardian's Signature Date

I give permission for Braddock Street UMC to contact my child through cell or social media. (In accordance with the safe sanctuaries policy which can also be found online)

_____ _____

Parent's or Guardian's Signature Date

I give permission for Braddock Street UMC to use my child's image on church related website, social media and publications. (In accordance with the safe sanctuaries policy which can also be found online)

_____ _____

Parent's or Guardian's Signature Date