Date: _____

Medical Release Form

First United Methodist Church
109 Gayle Avenue S.W. P.O. Box 1025
Jacksonville, AL 36265
(256) 435-6021 Fax (256) 435-6262

Child's Name: _____ Social Security Number: _____
First Last MI

Date of Birth: _____ Sex (Circle): Male Female

Mother's Name: _____ Social Security Number: _____

Primary Contact Number: (____) _____- _____

Father's Name: _____ Social Security Number: _____

Primary Contact Number: (____) _____- _____

Home Address: _____ Home Phone: (____) _____- _____

_____

Other Emergency Phone Number: Relation:_____

Name: _____ Number (____) _____- _____

Insurance Company:_____ Insurance Policy Number: _____
Address of Insurance Company: _____
_____

Allergies/ Notable Health Conditions
_____
_____
_____

Current Medications:
_____
_____
_____

My child's immunization shots are up to date- YES NO

-Please do not complete this portion until Notary Public is present-

If a medical emergency should arise and I (parent/ guardian) cannot be reaches, I hereby give my permission for my child to be treated as necessary for their best interest. I further give permission for any necessary decisions that must be made pertaining to said treatment to any designated adult responsible for the care and safety of the children and/ or youth of First United Methodist Church of Jacksonville, Alabama.

_____ _____
Parent/ Guardian Signature Date Notary Public

_____
Commission Expiration