

Last Name: _____ Grade: _____

St. Luke United Methodist Church
Information, Permission, and Medical Release Form

Student's Name _____ Date of Birth ___/___/___

Last First Mid. Init.

Address _____

Street City State Zip Code

Phone Number _____ Cell Phone Number _____

Email _____

Grade for 2009-2010 _____ School _____

Parent/Guardian _____ Relationship to student _____

Last First Mid. Init.

Address _____

Street City State Zip Code

Home Phone _____ Work _____ Cell _____

Email _____

Contact in case of emergency (when parent/guardian cannot be reached):

Name _____ Relationship to student _____

Address _____

Street City State Zip Code

Home phone _____ Work _____ Cell _____

Medical Information

Allergies _____

Date of last Tetanus Shot _____

Special Health Problems or Concerns: _____

Insurance _____ Phone Number _____

Attach a copy of the front and back of your insurance card

Policy Number _____ Policy Holder's ID # _____

Physician _____ Phone number _____

Address _____

Dentist _____ Phone number _____

Address _____

Permissions

I do hereby certify that my child, _____, has permission to participate:

In all trips planned by St. Luke UMC from August 23, 2009 to August 31, 2010 ___yes ___no Initial _____
Future trips will require additional forms

In church newsletter, television, or newspaper photographs _____yes ___no Initial _____

In photographs on the church website (student's name would not be used) _____yes ___no Initial _____

I understand that it is the expectation of St. Luke UMC that my child will remain for the duration of the scheduled event unless they, or their parents, notify the adult leadership of the event.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with St. Luke United Methodist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Consideration should be given to those adults in attendance with the group.

I understand that St. Luke United Methodist Church does not carry accident or medical insurance on participation volunteers. I agree that my insurance company will be used for such medical care expenses. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance and that I am responsible for the payment of any medical bills.

Signature of Legal Guardian

Signature of Legal Guardian

Date signed

Date signed

Personally appeared before me, _____
A Notary Public of _____ County in the State of _____
The persons whose signatures appear above and with whom I am personally acquainted and acknowledge that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal this _____ day of _____ 20____.

Notary Public

My Commission Expires: _____