

St. Luke Afterschool Program  
Medical Permission and Release Form

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

To: St. Luke Afterschool Care Program, St. Luke UMC, Sanford, NC and those in charge of these students, Our/My child, named above, which has been enrolled in your program has our/my permission to attend and participate in all activities, scheduled and unscheduled in and out of the regular meeting place.

In Case of an emergency please notify \_\_\_\_\_

Phone number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_ Policy# \_\_\_\_\_

Known Allergies \_\_\_\_\_

Any past Medical history that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Any current daily medications \_\_\_\_\_

I give my permission for the director or staff in charge to obtain necessary medical attention in case of sickness or injury to our/my child if I cannot be reached. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of St. Luke Afterschool Care Program and St. Luke United Methodist Church from any and all claims, demands, actions or cause of action, past and present, or future arising out of damage or injury while participating in our activities.

Date \_\_\_\_\_ Signature \_\_\_\_\_