

# Jasper UMC Student Ministry Medical Release Form Good for 2015

Child's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Grade In/Entering \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Please list any over the counter medications that you will allow us to give your child. \_\_\_\_\_  
\_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone/s \_\_\_\_\_

Additional emergency numbers \_\_\_\_\_

Insurance Company \_\_\_\_\_

Contract # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Pre-Authorization Phone Number \_\_\_\_\_

### CONSENT TO MEDICAL TREATMENT

I/We the undersigned, are the parents, legal guardians or the parent having legal Custody of \_\_\_\_\_, a minor, and have given our consent for him/her to go with the Jasper United Methodist Church sponsored group. In the event that he/she is injured while on a trip or during a Jasper United Methodist Church sponsored activity and requires the attention of medical personnel, we consent to any reasonable medical treatment as deemed necessary by said medical personnel. In the event treatment is called for which a physician and or hospital personnel refuse to administer without consent, and if we cannot be reached by phone at one of the numbers given above, or if because of an emergency there is not time or opportunity to make a telephone call, and it becomes necessary for consent to be given, We agree to hold the chaperones and Jasper United Methodist Church free and harmless of any claims, demands or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Signature

Relationship

Date

\_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_