

Medical Release Form 2005-6

Batavia United Methodist Church

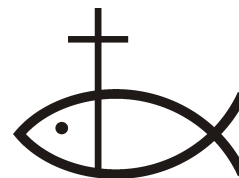
8 N. Batavia Ave.

Batavia, IL 60510

630-879-7060

jeffry@bataviaumc.com

Pastor Bross' emergency number 847-962-4212



This form will be kept in confidence by Pastor Bross.

PERSONAL INFORMATION

Name _____ Age _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ Cell Phone _____ - _____

E-Mail _____

Mother's Name _____ Work Phone _____ - _____

Home Phone _____ - _____

Cell Phone _____ - _____

E-Mail _____

Father's Name _____ Work Phone _____ - _____

Home Phone _____ - _____

Cell Phone _____ - _____

E-Mail _____

Emergency Contact Name _____

Phone _____ - _____

Relationship to student _____ E-mail _____

MEDICAL INSURANCE INFORMATION (please complete all that apply)

Year of last tetanus _____

Insurance Company _____ Group Number _____

Policy Number _____ Script Number _____

Physician _____ Phone _____ - _____ - _____

List any medications and dosages that must be taken:

Please check all that apply:

My child is a:

Good swimmer Fair Swimmer Non-swimmer

Allergies:

Pollens Medications _____

Food _____ Other _____

Does your child wear:

Glasses Contact lenses Hearing Aid

Other _____

Does your child suffer from:

Asthma Diabetes Epilepsy/seizure disorder

Other _____

Describe anything else that the adult sponsors should know about your child:

This consent form gives Batavia United Methodist Church staff and volunteer staff permission to seek whatever medical attention is deemed necessary, and releases Batavia United Methodist Church staff and volunteer staff of any liability against personal losses of named child.

I/we the undersigned have legal custody of the named above, a minor, and have given our consent for her/him to attend events organized by Batavia United Methodist Church. I/we understand that there are inherent risks involved in any ministry event and release the church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/we acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance provider. Furthermore, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the Batavia United Methodist Church staff or volunteer staff.

Parent/Guardian Signature _____ Date _____

Please return to the church office. Thank you!