Osceola United Methodist Church
Medical Release and Parental Permission Form

Participant Information

Participant's Full Name: _____

Age: _____ DOB: _____ Student E-mail: _____

Student Home Phone: _____ Student Cell Phone: _____

Parent(s)/Guardian(s) Name(s): _____

Telephone (mother) DAY: _____ NIGHT: _____

Telephone (father) DAY: _____ NIGHT: _____

Cell Phone (mother): _____ Cell Phone (father): _____

Email (mother): _____ Email (father): _____

Address: _____

In case of emergency and the above persons cannot be contacted, please notify:

Name: _____ Relationship to student: _____

Telephone (DAY): _____ (NIGHT): _____

Name: _____ Relationship to student: _____

Telephone (DAY): _____ (NIGHT): _____

Medical Information

Identify any allergies: _____

Is your child on any medication ❑ Yes ❑ No If yes, please identify the medication: _____

Do we have permission to administer ibuprofen or acetaminophen to your child upon his/her request? ❑ Yes ❑ No

Does your child have any physical limitations, medical conditions, or psychological conditions that might prevent him/her from fully participating in any group activities? ❑ Yes ❑ No

If yes, please give a brief description? _____

Is there any information we should know about your child to protect the physical or mental well-being of your child?

_____

Health Insurance Information

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Health Insurance Company: _____ Policy: _____

Group: _____ Claim Contact #: _____

(you may also attach a copy of your insurance card if you prefer)

I hereby grant permission for _____ to participate in/with the Osceola United Methodist Church and to engage in all activities of the group.

I also hereby grant permission and authorization to the sponsors of the group to seek and obtain such emergency care, first aid, or medical treatment at my expense as may be necessary in the event my child should be injured or become ill for any reason.

I hereby authorize the doctor, dentist or such medical agency chosen or retained by the leader or sponsors to render the necessary emergency care, first aid, and/or medical treatment or service for the health and welfare of my child.

The leaders, sponsors, other persons and Osceola United Methodist Church engaged in helping my child are hereby expressly relieve of any and all liability for damage which may result from injury incurred while participating in any activity or their good faith efforts to render such necessary emergency care and assistance as it may be needed.

Parent/Guardian: _____ Date: _____