



Covenant United Methodist Church

Student Ministry Medical Form

Student/Leader Name:

First: _____ **Last:** _____

Age: _____

Birthdate: ____ / ____ / _____

Gender (circle one): M F N/A

Address:

Address 1

Address 2

City

State/Province

Zip

Country

Emergency Contact

In case of emergency, notify:

First: _____ **Last:** _____

Relationship to Student: _____

Emergency Contact Phone:

_____ - _____ - _____

Secondary Emergency Contact:

First: _____ **Last:** _____

Relationship to Student: _____

Emergency Contact Phone:

____ - ____ - _____

Health History:

Drug and Other Allergies:

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Normal Treatment of Allergic Reactions:

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Other Conditions and Treatments:

Medication(s) Currently Taking (dosage, time of day, purpose taken):

Insurance Information:

Insurance Company:

Group Number"

ID/Policy Number:

Insurance Company Phone Number:

Minor Liability Release:

I give permission for my child to participate in all activities as part of the ministry of Covenant United Methodist Church of Cordova, TN. Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in CUMC activities including transportation to and from any location in connection with CUMC events. I also agree that I will not hold CUMC or its employees or volunteer workers or members liable for damages, losses or injuries to the minor named on this form. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release CUMC from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given by the youth pastor or other youth worker. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary. I understand that this form and my signature are for both medical and liability release.

Parent/Guardian Name (Print):

Parent/Guardian Signature:

Today's Date:

___ / ___ / _____