



Registration and Medical Release Form

FUMC Cleburne Student Ministries

(Please Print)

Name of Student/Adult:

Date of Birth: _____ Age: _____

Address:

City: _____ State: _____ Zip:

Phone Number: (_____) _____

Parent Contact Info:

Parent/Guardian Name:

Address: (if different from student)

City: _____ State: _____ Zip:

Phone Number: (Home) (_____) _____

(Cell) (_____) _____

(Work) (_____) _____

Second Parent/Guardian or Emergency Contact:

Name: _____

Address: _____

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City: _____ State: _____ Zip:

Phone Number: (Home) (_____) _____

(Cell) (_____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activities with the Acton United Methodist Church Youth Group.

Do you have health insurance? _____ Yes _____ No

Name of Insurance Company:

Policy Number _____ Group Number

In whose name is the insurance?

Insurance Address:

Insurance Phone:

Family Doctor:

Doctor's Phone Number: (_____) _____

If your child should require medical attention for injuries received or illnesses contracted prior to activities with the Acton United Methodist Church Youth Group, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activities.

Health History:

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

Allergies to medications?

Any allergies?

Hay Fever Heart Condition Diabetes

Insect Stings Epilepsy/Nervous Disorders

Asthma Frequent Stomach Upsets Other

If any allergies are checked, please give details: (i.e., include normal treatment of allergic reactions)

Any activity restrictions? Yes No

What?

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an

emergency during the activities of the First United Methodist Church Student Ministries, I hereby give my permission to the physician selected by activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First United Methodist Church through its accident insurance policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by the First United Methodist Church Student Ministries and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. This release is effective for the period of one year from the date given below.

Parent/Guardian Signature:

Date: _____

Signature of Student: (if over 18 years of age)

Date: _____