

# FUMC Auburndale Family Ministries Medical Release Form

## STUDENT INFORMATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

                    Last                      First                      M.I.

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

1. Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In an emergency, if not available, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

## HEALTH AND MEDICAL INFORMATION & HEALTH HISTORY

(Check and/or give approximate dates)

Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Please describe your child's medical history including past operations, serious injuries, and/or current conditions under treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Glasses? \_\_\_\_\_ Contact Lens? \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary restrictions? (Gluten Free, Vegetarian, Food Allergies, etc) Yes No (please attach specific information)

(Youth Ministry) May your child self-administer medication? Yes No

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

\_\_\_\_\_

\_\_\_\_\_

My Child is responsible for taking his/her own medication. Yes No (If no, please attach schedule)

May adults in charge of program administer:

Aspirin? Yes No      Advil? Yes No      Tylenol? Yes No      Benadryl? Yes No  
Midol? Yes No      Antibiotic Ointment? Yes No

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Health Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY**

In the event that my child becomes ill or is injured or for any reason requires medical treatment while attending a First United Methodist Church of Auburndale function or activity, I do hereby consent to any and all medical and/or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physician(s) selected by agents or officials of First United Methodist Church of Auburndale. In the event medical treatment is necessary, I hereby authorize any adult staff member of First United Methodist Church of Auburndale or any other responsible adult accompanying the Church Ministry to give such consent for treatment and further agree to hold any person harmless from any liability, claims, demands, or suits of any nature arising from the giving of consent as long as the treatment is administered by or under the supervision of a licensed physician. The intention of this release is to grant authority to administer and perform any and all examinations, treatment, anesthetics, operations, and diagnostic procedures which may be deemed advisable or necessary by a qualified physician. I agree that payment for all charges incurred for medical examination and treatment is guaranteed by the parent/guardian or insurance company providing coverage for the above named student.

My signature on this form constitutes my consent for my child to participate in these activities.

\_\_\_By checking this line, I agree to consent for use of photographs/videos taken of my student to be used on the Church website or any other promotional literature.

\_\_\_By checking this line, I agree to consent for my child to travel to and from events in transportation provided by staff and/or volunteer drivers.

\_\_\_By checking this line, I agree to consent for my child to use social media and/or texting in accordance with FUMC Auburndale policies to contact church staff and church approved volunteers.

Parent or Guardian Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Must be signed in the presence of a notary.**

**STATE OF FLORIDA, COUNTY OF POLK**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification, and who did not take an oath.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Name of Notary (Printed or Stamped)

\_\_\_\_\_  
(Serial Number — if any)