

Medical Information and Release Form
Christ United Methodist Church | Greensboro, NC

Participant Information

Name: _____ Date of Birth: _____
Parent's Names _____
Cell #: _____ Cell #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Address: _____
City: _____ State: _____ ZIP Code: _____ (disregard if same as above)

Emergency Contact Information

In case of an emergency, please attempt contact FIRST with the following local family member or friend:

Name: _____ Relation _____
Cell #: _____ Home #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

If the above person(s) are not available, please notify:

Name: _____ Relation _____
Cell #: _____ Home #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

Medical Insurance Information

Medical Insurance Carrier: _____
Policy number: _____ Phone Number: _____
Member Number: _____ Group Number: _____

Physicians

Primary Care Physician: _____ Phone Number: _____

Health History

Allergies: _____
Dietary Restrictions: _____
Chronic Health Concerns (Asthma, Diabetes, etc.): _____
Special Concerns and Supportive Care Needed: _____

Medications:

Name of Medication: _____ Dose: _____
Reason for Taking: _____ Time of Day (if applicable): _____

(Form continues on second page.)

Permission for Treatment and Release Acknowledgment

My permission is granted for the sponsor in charge to obtain necessary medical attention in case of any illness, accident or injury I might incur while participating in a Christ United Methodist Church sponsored event or trip. I understand that in the case of illness, accident or injury, I am responsible for any fees related to my treatment including doctors, diagnostic tests, medicines, hospitals, etc. I, the undersigned, do hereby verify that the above information is correct, and I release Christ United Methodist Church and its staff, volunteers and leaders from any and all claims, demands, actions or cause of action or future treatments or ongoing claims arising out of any accidental damage or injury while participating in the programs and activities of Christ United Methodist Church, Greensboro, NC 27410.

PRINT NAME SIGNATURE DATE Participant if (18+), or Parent/Guardian (if under 18)

Photography and Media Release

Please note that by registering for this ministry your child may be photographed or videotaped and these images and media may be used by Christ United Methodist Church in internal and external publications, on the website and shared through social media.

Photo Release Statement *

YES, I DO give permission to have my child's photo used in publications (such as but not limited to newspaper, CUMC website, CUMC materials, etc.).

NO, I do NOT give permission to have my child's photo used in publications (such as but not limited to newspaper, CUMC website, CUMC materials, etc.).

Please sign in acknowledgement. _____

For South Carolina Mission Trip Participants Only

Date of Last Tetanus Shot: _____

I **DO or DO NOT** (please circle) give permission for my child to operate power tools under the supervision of a responsible adult leader.

PRINT NAME SIGNATURE DATE Participant if (18+), or Parent/Guardian (if under 18)

(Please make a copy of this form for your own records and for your Emergency Contacts listed.)