

**ROYAL OAK FIRST UNITED METHODIST CHURCH**  
**2009/2010 ADULT MEDICAL RELEASE FORM**

I hereby give my permission for any and all medical attention deemed necessary to be administered to me in the event of any accident, injury, sickness, etc., under the direction of the adult with my group, until such time as my emergency contact may be reached. This release is effective for the time I am participating with the Royal Oak First United Methodist Church Youth Programs and any camps, field trips, classes or overnights from September 2009 through September 2010, including transportation to and from such events. I assume the responsibility for payment of any such treatment.

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medical History \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medical Insurance Company** \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Co Address \_\_\_\_\_

Insurance Co Phone \_\_\_\_\_

**Name of Prescription Coverage** \_\_\_\_\_

Prescription Policy Number \_\_\_\_\_

Prescription Coverage Address \_\_\_\_\_

**Physician's Name** \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone \_\_\_\_\_

**Alternate Emergency Contact Person** \_\_\_\_\_

Contact Person's Phone \_\_\_\_\_

**Signature** \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_