

ROYAL OAK FIRST UNITED METHODIST CHURCH
2011/2012 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 Programs and any camps, field trips, classes or overnights from September 2011 through September 2012, 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: _____