

Medical Information, Release, & Permission

Trietsch Memorial United Methodist Church, Flower Mound, Texas

Name _____ DOB _____

Address _____ City, State, Zip _____

In case of an emergency notify _____ Phone _____ Cell _____

Family Physician _____ Phone _____

Family Insurance Co. _____ Policy # _____

Primary Insured Co. Name _____ Claim Phone # _____

MEDICAL HISTORY

Check applicable chronic illnesses:

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble ____ Heart Trouble ____ Diabetes
____ Dizziness ____ Upset Stomach ____ Hay Fever ____ Other: _____

Allergies: Food _____
Penicillin or other drug (name) _____
Insect Stings/Bites _____
Poison sumac, oak, or ivy _____
Other _____

Previous operations or serious illnesses _____

Any current medications and dosage you are taking: _____

Special Diet (Name) _____

Childhood Diseases: ____ Chickenpox ____ Measles ____ Mumps ____ Whooping Cough
Immunization Dates: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps
____ Other: _____

MEDICAL RELEASE

I, _____, do hereby verify that the above information is correct and release and forever discharge all sponsors and employees of Trietsch Memorial United Methodist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in any events, trips, or activities sponsored by Trietsch Memorial United Methodist Church.

PERMISSION FOR TREATMENT

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention for my child in case of sickness or injury.

Dated this _____ day of _____, 20____

Parent Signature _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED THE ABOVE NAMED PERSON, WHO IS KNOWN TO ME AND WHO ACKNOWLEDGED BEFORE ME THAT HE/SHE SIGNED THE FOREGOING INSTRUMENT FOR THE PURPOSE THEREIN CONTAINED IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND OFFICIAL SEAL, THIS ____ DAY OF _____, _____.

NOTARY PUBLIC: _____
MY COMMISSION EXPIRES: _____