Child/Youth Medical and Legal Release

St Mark United Methodist Church

Please print legibly.

Student

Full legal name: _____

Social Security number: NOT APPLICABLE Date of birth: _____

Home address: _____

Cell phone number: _____

Parents or legal guardians

Names: _____

Address (if different from student): _____

Phone number(s): _____

Email address(es): _____

Emergency contacts

List two people (other than parents/guardians) who may be contacted in the event of an emergency:

Name: _____

Phone number: _____

Relationship to student: _____

Name: _____

Phone number: _____

Relationship to student: _____

Insurance information

Insurance company: _____ Policy number: _____

Address: _____

Name of insured: _____

Medical and allergy information

Allergies: _____

List all medications being taken (prescription and over-the-counter): _____

_____

_____

_____

Does an adult need to monitor the medication? Yes ☐ No ☐ (If yes, please attach instructions)

Any other significant information: _____

_____

_____

_____

Medical consent

I give my consent for church staff, adult volunteers and qualified medical personnel to act on my behalf in securing and administering necessary medical care and treatment for my child.

Parent/guardian signature: _____ Date: _____