

# MEDICAL RELEASE / INSURANCE FORM

## Hixson UMC – Student Ministry (Hixson, Tennessee)

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_  
*Last First M.*

HIEGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*Number Street City State Zip*

FATHER'S NAME \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

GUARDIAN'S NAME \* \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

*\* Complete "Guardian information only if different from parent Information.*

EMERGENCY CONTACT \_\_\_\_\_  
*Name Phone Number Relationship*

FAMILY DOCTOR \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_ POLICY HOLDER \_\_\_\_\_

GROUP NUMBER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

SPECIAL HEALTH PROBLEMS \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

SWIMMING ABILITY (CHECK ONE):     GOOD SWIMMER     FAIR SWIMMER     NON-SWIMMER

\_\_\_\_\_ (student name) has my permission to attend all Hixson Student Ministry events and activities during the coming year (up to and including one year from the notarized date below). This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Hixson United Methodist Church and its staff of any liability against personal losses of the named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteers workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date, and will, to the best of my /our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministry staff.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed above and acknowledged to me that she/he executed the same for the sworn purpose therein expressed. Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Notary Public in and the \_\_\_\_\_ County  
State of Tennessee.

My commission expires \_\_\_\_\_