

MEDICAL INFORMATION AND RELEASE FORM FOR 2021-2022 SCHOOL YEAR

Student's Name _____ Date _____

Student's Date of Birth _____

Student's Grade for 2021-2022 School Year _____

Address _____

Home Phone _____ Parent's Cell _____

Student's Cell Phone Number _____

E-mail Address _____

Health Insurance Company _____

Policy Number _____

_____yes _____no May we use photographs of your child for publicity purposes.

In the event of illness or injury, I authorize the physician and/or hospital to undertake such treatment of and perform such services (including surgical services) for the above named student as are reasonably indicated by the circumstances. If medical care is needed it will be billed to the parent or guardian, such bills being sent to the home address and to be paid directly to the medical care facility.

Your signature below indicates that the above named student has permission to attend all of the regularly scheduled activities for children/youth at the Storm Lake United Methodist Church, including field trips. There are no known physical or mental disabilities which would impair the student's participation except as noted below:

The above named student is currently taking the following medications:

The above named student has allergic reactions to the following: _____

Parent/Guardian Signature _____

Alternate Emergency Contact Person _____ Phone _____