

**Galloway United
Methodist Church**

**Medical Release Form
for Children**

(Preschool - Elementary Ages)

Jan. 1 - Dec. 31, 2005

This form must be notarized
in the above space.

Signature _____

Date _____

My commission expires _____

Please Print Clearly

Child's Full Legal Name: _____

Gender: _____ Age: _____ Grade in School: _____

Child's Social Security Number: _____

Child's Date of Birth: _____

Please check:

This form effective January 1 through December 31, 2004

I give my consent for the staff at Galloway UMC and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care & treatment for:

Name of Child: _____

Name of Parent or Legal Guardian: _____

Social Security Number of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Relationship to Child and Address: _____

Phone Numbers for Contact Purposes:

Home

Work

Cell

(over)

Name of Parent's Employer: _____

Emergency Contact:

Name/Relation (relative/neighbor): _____

Phone: _____
Home Work Other

INSURANCE INFORMATION

Name of Insurance Company: _____

Policy Number: _____

Group Number (if applicable): _____

Address: _____

MEDICAL INFORMATION

Allergies: _____

Immunizations with Dates: _____

Medications Presently Being Used: _____

Past Surgeries or Other Significant Information/Special Needs:

Photo and Video Release

I give permission for my child to have his/her picture used for publicity in photo or video presentations and on the web site.

Signed: _____