

## 2018-2019 CUMC MEDICAL INFORMATION FORM

**NOTE: This form seeks authorization to make medical related decisions for your child when attending activities and events sponsored in whole or in part by Christ United Methodist Church during the 2018-2019 ministry year. Unless specified below, this authorization, when signed by any parent or guardian, will remain in full force and effect for any CUMC activity or event until expressly revoked in writing and delivered to the Office of Youth Ministry at CUMC.**

**Name of Child:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

The above child is covered under hospitalization insurance

with \_\_\_\_\_ (name of company) pursuant to

Policy No. \_\_\_\_\_ in the name of

\_\_\_\_\_

Family Doctor is: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reaction to drugs: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Physical defects or limitations: \_\_\_\_\_

\_\_\_\_\_

Blood type (if known): \_\_\_\_\_

Other medical information which might be necessary to the proper care of this child: \_\_\_\_\_

\_\_\_\_\_

Any medicine which the child is presently taking: \_\_\_\_\_

\_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I, the undersigned, being the Father/Mother of \_\_\_\_\_, a minor child, do hereby authorize the CUMC Youth Ministry to make provision for any medical care which may be deemed necessary by a licensed physician for said child and to make decisions or give any other consents which may be necessary for the health and welfare of said child at any time.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date