

# Medical Information, Release, & Permission

Trietsch Memorial United Methodist Church, Flower Mound, Texas

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

In case of an emergency notify \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Insured Co. Name \_\_\_\_\_ Claim Phone # \_\_\_\_\_

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## MEDICAL HISTORY

Check applicable chronic illnesses:

\_\_\_ Asthma \_\_\_ Sinusitis \_\_\_ Bronchitis \_\_\_ Kidney Trouble \_\_\_ Heart Trouble \_\_\_ Diabetes  
\_\_\_ Dizziness \_\_\_ Upset Stomach \_\_\_ Hay Fever \_\_\_ Other: \_\_\_\_\_

Allergies: Food \_\_\_\_\_  
Penicillin or other drug (name) \_\_\_\_\_  
Insect Stings/Bites \_\_\_\_\_  
Poison sumac, oak, or ivy \_\_\_\_\_  
Other \_\_\_\_\_

Previous operations or serious illnesses \_\_\_\_\_

Any current medications and dosage you are taking: \_\_\_\_\_  
\_\_\_\_\_

Special Diet (Name) \_\_\_\_\_

Childhood Diseases: \_\_\_ Chickenpox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough  
Immunization Dates: \_\_\_ Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps  
\_\_\_ Other: \_\_\_\_\_

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## MEDICAL RELEASE

I, \_\_\_\_\_, do hereby verify that the above information is correct and release and forever discharge all sponsors and employees of Trietsch Memorial United Methodist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in any events, trips, or activities sponsored by Trietsch Memorial United Methodist Church.

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## PERMISSION FOR TREATMENT

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention for my child in case of sickness or injury.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED THE ABOVE NAMED PERSON, WHO IS KNOWN TO ME AND WHO ACKNOWLEDGED BEFORE ME THAT HE/SHE SIGNED THE FOREGOING INSTRUMENT FOR THE PURPOSE THEREIN CONTAINED IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND OFFICIAL SEAL, THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_