



FIRST METHODIST CHURCH OF CRESTVIEW YOUTH GROUP:
Medical Information/Liability Release/Medication Form

Student's Full Name: _____ Nickname/Goes By: _____

Date of Birth: _____ Age: _____ Adult Shirt Size: _____

Grade Level: _____ School Attending: _____

Home Address: _____

Student's Email: _____ Student's Cell Number: _____

Emergency Contact Information:

Mother/Guardian Name: _____ Cell Number: _____

Mother/Guardian home address: _____

Mother/Guardian email address: _____

Father/Guardian Name: _____ Cell Number: _____

Father/Guardian home address: _____

Father/Guardian email address: _____

Medical Insurance Details:

Insurance Company Carrier: _____ Group Number: _____

Member Number: _____ Policy Number: _____

Primary Care Physician's name: _____ Phone Number: _____

List all allergies: _____

List all health conditions we need to be aware of: _____

**List all prescription medications to be given on the back of this form.

In case of a medical emergency and in the event medical treatment is required, I understand that every effort will be made to contact me or the listed emergency contact persons. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. Furthermore, I and on behalf of my child/participant listed above, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in activities with First Methodist Church of Crestview. I also assume all transportation costs should be necessary to return home due to medical reasons or disciplinary actions.

Parent/Guardian Signature: _____

Date: _____



MEDICATION FORM

Student's Name: _____

Medication: _____

Dosage: _____

Time to be given: _____

Medication	Dosage	Time Given	Staff Signature

Medication: _____

Dosage: _____

Time to be given: _____

Medication	Dosage	Time Given	Staff Signature

Medication: _____

Dosage: _____

Time to be given: _____

Medication	Dosage	Time Given	Staff Signature

I, _____ give permission for staff members of First Methodist Church of Crestview to administer the medication's listed above to my child _____.

Parent's Signature: _____

Date: _____