

# Medical Release Form

*This form is to remain in the possession of the youth director at all times.*



**The United Methodist Church of Mantua**  
**201 Mantua Blvd., Mantua, NJ 08051**  
**856-468-2711**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### ***Medical Information \****

Dietary Restrictions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Daily Treatment/Medications: \_\_\_\_\_ Activity Restrictions: \_\_\_\_\_

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

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***Copy of Insurance Card must be attached to this form***

Do you carry family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\*This health history is correct as far as I know, and the person herein described has permission to engage in all activities except as noted.

### ***Authorization for Treatment***

**I HEREBY GIVE PERMISSION** to the medical personnel selected by the Adult Leaders of the United Methodist Church of Mantua to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Additional copies of this form may be downloaded at [www.realville.org](http://www.realville.org)*