

STUDENT MEDICAL RELEASE FORM  
Gulf Breeze United Methodist Church

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MEDICAL INFORMATION

STUDENT'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

DATE OF LAST TETNUS SHOT: \_\_\_\_\_

List any allergies/medications your child has or is taking. Please also describe any medical information that a physician may need in the event your child needs immediate care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

I, the undersigned, do hereby release and forever discharge Gulf Breeze United Methodist Church (GBUMC) and sponsors from any and all claims, demands, actions or cause of action – past, present, future – arising out of any damage or injury to my child whose name is listed above. My permission is granted to GBUMC staff member or GBUMC sponsor in charge to obtain necessary medical attention in case of illness or injury to my child.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact me about volunteering for Youth: \_\_\_\_\_ Yes \_\_\_\_\_ No