

Hilltop United Methodist Church
Medical Release and Health Information form

Name _____ Age _____ Grade _____ Date of Birth _____

Home Address _____

Home Phone# _____ Parent/Guardian Work# _____

Parent/Guardian Cell Phone # _____ Other# _____

Emergency Contact- Name And Relationship To Youth _____

Emergency Contact Phone # _____ Cell phone # _____

Youth Insurance _____ Policy# _____

Social Security # _____ **(for hospital use only)**

Allergies: Ivy/Oak _____ Insect Stings and Treatment _____

Medication _____ Food _____

Medical Conditions: Seizure _____ Diabetes _____

Irregularity _____ Fainting _____ Asthma _____

Operations/Serious Injuries _____ Chronic/Recurring Illness _____

Tetanus Date of last Booster _____ Medications currently taking _____

Please note any other conditions or special diet needs of which Hilltop staff should be aware _____

Do you give permission for your child to take over-the-counter medication if necessary?
(ie: for headache, constipation, or upset stomach) (Yes) (No) _____

Are there any activities which should be monitored or avoided? _____

Are there any routine treatments or medications required during a trip? Please explain _____

Does Hilltop staff need to remind your son/daughter of his/her treatment or medication? _____

Family Physician _____ Phone# _____

I am the parent/guardian of the above named youth. In the event of an emergency and I cannot be reached, Hilltop UMC staff has my permission to authorize emergency medical treatment.

Parental/Guardian signature _____ Date _____

Print Name _____