



STUDENT MEDICAL RELEASE FORM

Gulf Breeze United Methodist Church

(To be completed new each school year.)

STUDENT NAME: _____ BIRTHDATE: ____/____/____
(Mo.) (Day) (Year)

ADDRESS: _____
(Street)

(City) (State) (Zip)

HOME PHONE: _____ SOCIAL SECURITY #: _____ - _____ - _____

MEDICAL INFORMATION

STUDENT'S PHYSICIAN: _____

PHYSICIAN'S PHONE NUMBER: _____

NAME OF INSURANCE CO.: _____

POLICY NO. # _____ GROUP # _____

DATE OF LAST TETANUS SHOT: _____

List allergies and medications (and dosage) your child has or is taking; or any other medical information that the doctor should be aware of _____

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 and sponsors from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury to my child whose name is listed above.

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

Parent/Guardian Signature: _____ Date: _____