



**STUDENT MEDICAL RELEASE FORM
Gulf Breeze United Methodist Church
(To be completed new each school year)**

STUDENT NAME: _____ BIRTHDATE: _____

ADDRESS: _____

(CITY) (STATE) (ZIP)

HOME PHONE: _____

PARENT'S EMAIL: _____

STUDENT'S PHYSICIAN: _____

PHYSICIAN'S PHONE NO.: _____

NAME OF INSURANCE CO: _____

POLICY NO: _____ GROUP NO: _____

DATE OF LAST TETANUS SHOT: _____

List allergies and medications (and dosage) your child has or is taking; or any other medical information a 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 (GBUMC) 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 or GBUMC sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.

Parent/Legal Guardian Signature: _____ Date: _____

Created on 8/19/09