

Bluff Park United Methodist Church Emergency Medical Release Form

This document authorizes permission for medical attention to be given to the person listed below for any trips made by the Children's Department or Youth Department at Bluff Park United Methodist Church of Hoover, AL **for one year after notarized.**

Name: _____
Address: _____

Date of Birth: _____
City: _____ State: _____ Zip: _____

Father's Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Mother's Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Person other than parent that can be contacted in case of emergency:

Name: _____ Home Phone: _____ Work Phone: _____
Name: _____ Home Phone: _____ Work Phone: _____

Medical Information

Are there any special needs about which we need to be aware?

Any prescribed medication?

Local Doctor: _____
Insurance Co: _____

Phone: _____
Policy# _____

In case of emergency, I hereby give permission to the physician selected by an adult chaperone to hospitalize, secure proper treatment for, and to order any necessary injections, anesthesia, or surgery for my child.

Signed: _____ Date: _____

Acknowledgement for persons

STATE OF ALABAMA, COUNTY OF _____, Before me personally appeared _____ to me well and known to me to be the person described in and who executed the foregoing instrument for the purpose therein expressed.

Witness my hand and official seal, this _____ day of _____, AD _____

_____ my commission expires _____.