

Alexandria United Methodist Church

8286 West Main St.

Alexandria, KY 41001

(859)-635-9727

Medical/Photo and Video/Participation Permission and Release Form

This form will stay on file for a year.

Please Print

Name _____ Age _____

Address _____ City _____ St _____ Zip _____

Phone _____ Alternate Phone _____ Birth date _____

Alternate Address _____ City _____ St _____ Zip _____

Insurance Company _____ Phone _____

Policy # _____ Phone _____

Family Physician _____ Phone _____

In case of an emergency, notify:

1. Name _____ Phone _____

Relationship _____ Alt Phone _____

2. Name _____ Phone _____

Relationship _____ Alt Phone _____

Please Check (All that are appropriate)

___ Asthma ___ Bronchitis ___ Convulsions ___ Diabetes

___ Dizziness ___ Epilepsy ___ Hay Fever

___ Heart Problems ___ Kidney Problems ___ Migraines ___ Sinusitis

___ Stomach Upset ___ Other _____ Other _____

Past Medical History

1. Current medications-(please list)

2. Previous operations or serious illnesses-(please list)

3. Allergies (food, medicine, plants, animals, insects, etc...)-

4. Special Diet or Food Restrictions- (please list)

5. Childhood Diseases: ___Chickenpox ___Measles ___Mumps___Whooping Cough ...

Other _____

My permission is granted for this participant to attend activities with the Alexandria United Methodist Church and for a Church Staff Member, church official or other adult present to obtain necessary **medical attention** in case of sickness or injury to this participant. I understand that as a participant, my child may be **photographed or videotaped** during normal activities. I do verify that the above information is correct and I do release and discharge all sponsors, the church, state conventions and employees from any and all claims, demands, actions past, present, or future arising out of any damage or injury while participating in the church programs.

Please complete and sign below (participants under age 18 are required to obtain

Parental/Guardian signature).

Participant's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Note: Form expires one year from date signed.