

KINGWOOD UNITED METHODIST CHURCH
1799 Woodland Hills Drive Kingwood, Texas 77339 281-358-2137
Emergency Medical Release Form

today's date _____

Child's name _____ dob _____

parent/legal guardian's full name _____
address _____ zip _____
home phone _____ e-mail _____
parent/legal guardian's work phone _____
cell phone _____

parent/legal guardian's full name _____
parent/legal guardian's work phone _____
cell phone _____

emergency contact _____
relationship to student _____ phone _____

medical insurance company _____
policy or group number _____
insurance company phone number _____
name of insured _____
medications taken regularly _____

health concerns / allergies (food, drug, etc.) / physical limitations / dietary concerns _____

physician _____ phone _____
dentist _____ phone _____

In case of emergency, I give permission to the representative of Kingwood United Methodist Church to care for me and/or my child and to seek emergency help as needed. I also give permission for me and/or my child to be taken to a hospital and treated by an attending physician.

printed legal name _____ signature _____ date _____

PHOTOGRAPH RELEASE:
 I hereby grant permission for my child/children's photographs to be included in Forest Reflections, local press, video, outreach brochures and the church website.

(Signature of Parent/Guardian) _____ Date _____

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