

Medical Information/Release Form 2019-2020



Child's Name: _____ Date of Birth _____

Hospital of Choice _____

Physician's Name: _____ Physician's Phone Number _____

Physician's Address: _____

Primary Insurance Coverage _____ Policy Number _____

Primary Insured Relationship to Child _____

List any medications your child is taking: _____

Allergy: a medical condition that causes someone to become sick after eating, touching or breathing something that is harmless to most people

Does your child have an allergy requiring medical attention? Yes ____ No ____

Are any of these allergies life threatening? (Yes/No)? _____

**Allergies requiring medical attention (Food, Medicines, Bites, Plants, etc.)

**If your child's allergies require medical attention, FHUMC Day School will need an Allergy Action Plan from your child's physician prior to the first day of school. We are not able to dispense medication without the Allergy Action Plan.

Medical Conditions: Please describe any current or past medical conditions or surgeries we should know about:

**Please request an Emergency Medication Policy Form if you completed Allergy or Medical Condition portion of this form. **

My permission is granted for the FHUMC Day School Director/Staff to obtain necessary medical attention in the event of an emergency or injury to my child. I understand that every effort will be made to contact me should such a situation occur. I also grant permission to the Director/Staff to obtain medical information from my physician or any other institution or health care provider who has knowledge of my child's medical history. I understand that all information obtained will be kept strictly confidential and will be used only to aid FHUMC Day School in better serving the needs of my child. I also do hereby verify that the above information is correct and I do hereby release all employees of Forest Hills United Methodist Church and Day School from any claims and actions arising out of any damage or injury to my child while he/she is a participant/student of Forest Hills UMC Day School.

Signature: _____

Date: _____