

Forest Hills United Methodist Church Day School  
Medical Information/Release Form 2023-2024

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Physician's Name and Phone Number: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Insured Name and Relationship: \_\_\_\_\_

List any medications your child is taking: \_\_\_\_\_

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, insects, plants, etc):

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\*\*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.

Please list any current or past medical conditions or surgeries we should know about:

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I give the FHUMC Day School Director/Staff permission 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 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 enrolled in Forest Hills UMC Day School.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_