

# United Methodist Church of Cadillac Medical Release and Insurance Documentation

Form will be kept on hand for one calendar year and must be updated if contact, medical or insurance information changes  
State law requires this completed form be on hand for every event in addition to activity specific permission slip

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Parent / Guardian Name \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone (work, cell) \_\_\_\_\_

Primary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Address \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Address \_\_\_\_\_

Special needs / Concerns / Medical conditions / Allergies / Medication  
child is currently taking (including dosage). Permission to take Tylen-  
ol/ Ibuprofen Y or N?

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Your signature below authorizes an adult leader or medical personnel to administer the medication accord-  
ing to your specification

Insurance Information - Company Name, Carrier Name, Policy Number  
(a copy of insurance card is preferred)

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The child listed above has my permission to be treated by a physician  
or qualified medical person in case of emergency.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_