



Arlington Heights United Methodist Church

Medical Release and Information Form

Full Name _____ Sex _____ DOB _____

Address _____

City _____ ZIP _____ Home Phone _____

Guardian Name(s) _____

Work Phone _____ Cell _____ Cell _____

Medical Insurance Company _____ Policy # _____

Family Doctor _____ Phone _____

Known Allergies _____

Brief Medical History _____

Regular Medications _____

Emergency Contact _____ Phone _____

Release and Hold Harmless Agreement for Arlington Heights UMC

I, _____, legal guardian of _____, grant my permission for her/him to participate in any activities or trips sponsored by Arlington Heights UMC.

I understand my signature carries with it the following:

1. An authorization of any church staff or adult volunteer to obtain necessary medical attention and/or treatment for my daughter/son.
2. I knowingly release, absolve, indemnify and hold harmless Arlington Heights UMC, as well as all staff and adult volunteers, from all claims that might result in injury or death of any minor.
3. Should medical attention be needed, I agree to pay either directly or through my own health and accident insurance policy, all medical or hospital costs.
4. An authorization to use images of my daughter/son in Arlington Heights UMC-related publications.

Parent's/Guardian's Signature _____ Date _____