

**Arlington Heights United Methodist Church  
Medical Information and Release Form**

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Guardian Name(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email of Guardian: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medical History (Diabetes, Epilepsy, Asthma, etc.): \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Release and Hold Harmless Agreement for Arlington Heights UMC**

I, \_\_\_\_\_ legal guardian of \_\_\_\_\_ grant my permission for him/her 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 son/daughter.
2. I knowingly release, absolve, indemnify and hold harmless Arlington Height 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 though my own health and accident insurance policy, all medical or hospital costs.
4. An authorization of the use of my son/daughters image in Arlington Heights UMC related publications.

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date