



Parental Consent/Medical Release Form for 2015/2016 School Year  
St. Luke's United Methodist Church, Orlando FL 32819

**Youth Personal Information:**

Youth Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
SS # (optional): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian: \_\_\_\_\_  
Main Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Main Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Main Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Insurance Information:**

**\*A copy of your insurance card must be attached to this form.**

Insurance Co.: \_\_\_\_\_  
Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_  
Carrier of Insurance: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to Cardholder: \_\_\_\_\_ Insurance Co. Phone: (\_\_\_\_) \_\_\_\_\_  
Insurance Co. Address: \_\_\_\_\_

**Personal Medical Information:**

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

List ALL Medical or Health Problems (Asthma, diabetes, allergies, seizures, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions (Allergic to certain meds/foods, rare blood type, wears contact lenses, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the date of last tetanus shot \_\_\_\_\_



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Continued Medical Release form for: \_\_\_\_\_  
(Youth Name)

List ALL medication taken on a regular basis and/or any brought with you to Camp.  
(Prescription meds MUST have a pharmacy label and name of doctor.)

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List all operations/serious injuries and dates within the past five (5) years:

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**Emergency Authorization:**

The youth named above has my consent to participate in the youth ministry of St. Luke's UMC, Orlando, FL and any organization that is utilized by St. Luke's UMC, Orlando, FL in a youth activity.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the youth named above, a minor, and have given our consent for him/her to attend the activities of St. Luke's UMC, Orlando, FL Youth Ministry.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor,

I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

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