2000 Wesley Avenue
Janesville, Wisconsin 53545
608.752.0548
office@cargillumc.org
www.cargillumc.org
Cargill Christian Preschool & Daycare 608.752.2140

Medical Release Form

Cargill United Methodist Church

This church strives to be a safe, friendly space for all children. In order to maintain a safe environment we ask for you to fill out this sheet for children in your household. It will be kept, confidentially, on file at the church during the period: January 1, 2017 – December 31, 2017.

First Name: ____ DOB: ___ / ___ / ___

Last Name: ____ Age: _______________

Parent/Guardian One

Name: ____

Address: ____

Home Phone: _______________________________________

Cell Phone: _______________________________________

Work Phone: _______________________________________

Parent/Guardian Two

Name: ____

Address: ____

Home Phone: _______________________________________

Cell Phone: _______________________________________

Work Phone: _______________________________________

Emergency Contact

Name: ____

Address: ____

Home Phone: _______________________________________

Cell Phone: _______________________________________

Work Phone: _______________________________________

Physician Information

Physician: ____

Address: ____

Phone: ____

Special Needs & Health Concerns____

____

Insurance Information

Is the child covered by family medical or hospitalization insurance? _____ Yes _____ No

Carrier or Plan Name: __________________________________

Policy Number: ____

Type of Policy: _____ Group _____ Individual

Policy Holder: ____

SSN of Policy Holder: ___________________________________

Authorization of Consent to Treatment of Minor

I, the parent/guardian, authorize the representative of Cargill United Methodist Church to secure medical treatment for this person in case of illness or accident for which they feel requires professional medical attention. I hereby, in advance, give permission to the medical personnel selected by the Cargill United Methodist Church representative to secure proper treatment for, hospitalize, and order injection, anesthetics or surgery for my child, in my absence.

____

Parent/Guardian Signature

Relationship: _____________________ Date: ___ / ___ / ___