

Point Pleasant United Methodist Church  
3329 Pt. Pleasant Rd. Elk Grove, CA 95758 (916) 684.2033  
Contact Info & Medical Release Form  
2016-2017

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOUTH E-MAIL \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PHONE #'S \_\_\_\_\_

PARENTS E-MAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_ POLICY/GP# \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE # \_\_\_\_\_

ANY MEDICAL PROBLEMS \_\_\_\_\_

\_\_\_\_\_ ALLERGIES \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

MEDICATIONS TAKEN DAILY (PLEASE LIST, W/ INSTRUCTIONS FOR USE)

\_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND THAT NEITHER POINT PLEASANT CHURCH NOR THE ACTIVITY COORDINATOR WILL BE HELD RESPONSIBLE FOR ANY INJURY OR ACCIDENT AFFECTING MY SON/DAUGHTER. I DO GIVE PERMISSION FOR HIM/HER TO BE TREATED MEDICALLY IN CASE OF INJURY OR ACCIDENT.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE