

**Alexandria United Methodist Church
316 W. Main St.
Alexandria, KY 41001
(859)-635-9727**

**Medical/Photo and Video/Participation Permission and Release Form
This form will stay on file for a year.**

Please Print

Name _____ Age _____

Address _____ City _____ St _____ Zip _____

Phone _____ Alternate Phone _____ Birth date _____

Alternate Address _____ City _____ St _____ Zip _____

Insurance Company _____ Phone _____

Policy # _____ Phone _____

Family Physician _____ Phone _____

In case of an emergency, notify:

1. Name _____ Phone _____

Relationship _____ Alt Phone _____

2. Name _____ Phone _____

Relationship _____ Alt Phone _____

Please Check if appropriate

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hay Fever	
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Migraines	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Stomach Upset	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Past Medical History

1. Current medications-(please list)

2. Previous operations or serious illnesses-(please list)

3. Allergies (food, medicine, plants, animals, insects, etc...)-

4. Special Diet or Food Restrictions- (please list)

5. Childhood Diseases: ____Chickenpox ____Measles ____Mumps____Whooping Cough
____Other _____

My permission is granted for this participant to attend activities with the Alexandria United Methodist Church and for a Church Staff Member, church official or other adult present to obtain necessary **medical attention** in case of sickness or injury to this participant. I understand that as a participant, my child may be **photographed or videotaped** during normal activities. I do verify that the above information is correct and I do release and discharge all sponsors, the church, state conventions and employees from any and all claims, demands, actions past, present, or future arising out of any damage or injury while participating in the church programs.

Please complete and sign below (participants under age 18 are required to obtain parental/guardian signature).

Participant's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Note: Form expires one year from date signed.