St James
UNITED METHODIST CHURCH 213 North Lanford Road, Spartanburg, SC 29301 864-576-6480

State of South Carolina

MEDICAL RELEASE AUTHORIZATION

County of Spartanburg

PERSONALLY appeared before me the undersigned, who being duly sworn, deposes and states:

I am the (biological, adoptive, or custodial) parent, or SELF of:

Social Security number: _____

Date of birth: _____

My child is participating in an extended ministries program and/or trip sponsored by St. James United Methodist Church. This authorizes a representative or staff person of St. James United Methodist Church to obtain medical care for my children should the need arise while the child is participating in a program or trip.

Parent's signature_____

Parent's printed name_____

SWORN and subscribed before me this

_____day of _____, 20_____

_____

Notary Public for South Carolina

My Commission Expires: _____

Emergency Permission and Health Information Date_____

Should _____ be stricken in any way, accident or otherwise, and in the opinion of the counselor/staff member in charge, should emergency treatment be required, you have my permission to seek medical help, which in your judgement is competent.

A. The child/youth name _____is not covered under hospitalization insurance.
_____ is covered under hospitalization insurance with:

_____Company,

Policy number: _____

In the name of: _____

This child/youth_____does _____does not have an insurance card.

B. In case we are unable to contact you in an emergency, whom should we contact next?

Name_____ Phone_____

C. Family physician: _____ Phone_____

D. Please answer these questions regarding your child/youth named above:

1. Any allergy to medications, foods, insect stings, etc.? _____

_____

2. Does he/she take any medication routinely? If yes, list name of medication, strength, and dosage schedule: _____

_____

3. Blood Type: _____ Are there any other particular medical conditions we should know? _____

Signature of Parent or Guardian_____

Home address: _____

_____

Contact numbers: Home_____ Cell_____

Work_____