



LAKE HIGHLANDS UNITED METHODIST CHURCH

## WOW WEDNESDAYS

# Medical Release

Wednesdays July 7, 14, 21 and 28, 2010

**9:00 a.m. - 3:00 p.m.**

Childs Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_  
Mother Father

Hm. Phone: (\_\_\_\_) \_\_\_\_\_

Parent E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Mom's Wk.: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Dad's Wk.: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### MEDICAL INFORMATION: (Must be completed in full)

Name & address of child's physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name & address of hospital preferred \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Allergies or health problems of child: \_\_\_\_\_

#### In case of emergency, please list name of person to contact if parents cannot be reached:

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name & Relationship

If my child becomes ill or is injured, I authorize Lake Highlands United Methodist Church, WOW Wednesdays and its staff to obtain emergency medical treatment, and I hereby release said church from liability for action taken pursuant of this release.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date