

# Aldersgate United Methodist Church

3185 Wheeler Road, Augusta, GA 30909 (706) 733-4416

## ***Information and Medical Release Form***

(This form must be kept in the vehicle in which you are traveling at all times)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Birth Date \_\_\_\_\_

### **In case of emergency, contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Other relative or responsible person:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medication(s) you can NOT take: \_\_\_\_\_

Medication(s) you are presently taking \_\_\_\_\_

(Please send these medications in their original  
bottle as received from the Pharmacist or  
Doctor with clearly legible label.) \_\_\_\_\_

Allergies / Special health problems or concerns: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder's Identification \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent(s) / Legal Guardian(s)