



Lakewood

METHODIST CHURCH

MEDICAL INFORMATION 2025-2026

Adult/Leader

NAME: _____ DOB: _____ MALE FEMALE

FOOD/MEDICAL ALLERGIES: _____

Contact Information

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
MOBILE PHONE _____ HOME PHONE _____
EMAIL ADDRESS _____

Emergency Contact

NAME _____ EMAIL _____
MOBILE PHONE _____ RELATIONSHIP _____

Medical Information

DOCTOR NAME _____ PHONE _____
NAME AND REASON FOR ALL MEDICATION TAKEN REGULARLY _____
HEALTH PROBLEMS / CHRONIC CONDITIONS _____
LAST TETANUS SHOT _____

*** A COPY OF THE FRONT AND BACK OF THE MEDICAL INSURANCE CARD MUST BE PROVIDED WITH THIS FORM**

Effective immediately, I assume all risk and hazards and do hereby release and agree to hold harmless Lakewood Methodist Church (the church) and its servants, volunteers, agents, and employees from all liability for personal injury or property damage for all actions taken in good faith during the church activities. Additionally, I hereby release and agree to hold harmless the church and its servants, volunteers, agents, and employees from all liability in the event that I contract the COVID-19 virus during a church activity. In the event I cannot be reached or cannot communicate in an emergency, I hereby give my permission to the physician, hospital, or medical service selected by the leader of the church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child or myself as named above. It is understood that a conscientious effort will be made to communicate with me or the emergency contact listed before any action is taken. I accept responsibility for any and all expenses incurred from medical treatments provided. I have read this release and understand its terms and execute it voluntarily and with full knowledge of its significance.

SIGNATURE _____

DATE _____

PRINTED NAME _____