



Lakewood

METHODIST CHURCH

MEDICAL INFORMATION 2025-2026

Student

NAME: _____ DOB: _____ MALE FEMALE

FOOD/MEDICAL ALLERGIES: _____

Contact Information

STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____
MOBILE PHONE _____	HOME PHONE _____		
EMAIL ADDRESS _____	SCHOOL _____	GRADE _____	
PARENT NAME _____	PHONE _____	EMAIL _____	
PARENT NAME _____	PHONE _____	EMAIL _____	

Emergency Contact (not parent or guardian)

NAME _____	PHONE _____
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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 OF PARENT/GUARDIAN _____

DATE _____

PRINTED NAME OF PARENT/GUARDIAN _____



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MEDICAL INFORMATION CONTINUED

Student

STUDENT NAME: _____

I, the parent/guardian, give permission: (Check one)

☐ **I give permission** for a Lakewood Methodist Staff Member or Adult Leaders to administer over-the-counter medication, which will be provided by an adult.

☐ **I do not give** permission for my child to take over-the-counter medication.

If YES, are there any OTC medicines your student cannot take?

MEDIA RELEASE FORM

I, the parent/guardian, give permission: (Check one)

☐ **I grant permission** for Lakewood Methodist Church to take photos/video of my child during church events and to use these images in church publications, website, and social media

☐ **I do not grant** permission for Lakewood Methodist Church to take photos/video of my child during church events and to use these images in church publications, website and social media.

SIGNATURE: _____

PRINTED NAME: _____ DATE: _____