



**Sterling United Methodist Church**  
**304 E. Church Road**  
**Sterling, VA 20164**  
**703-430-6455**  
**In God's Backyard Summer Camp**



**Medical Information and Release Form**

The below mentioned individual has permission to participate in the Sterling United Methodist Church (SUMC) "In God's Backyard Summer Camp." In the event of an emergency, I give permission to the adult leaders and church staff members to seek medical attention for him or her. I understand that every effort will be made to contact the parent/guardian as soon as possible in the event of such an emergency if the participant is under 18.

Participant's Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
 \_\_\_\_\_

Age \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

MEDICAL INFORMATION

Name of Insurance \_\_\_\_\_

ID Numbers \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_

PCP's Address & Phone Number \_\_\_\_\_

Medications Used \_\_\_\_\_  
 \_\_\_\_\_

Medical Allergies or Conditions/Contact Lenses or Glasses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Over Please)*

## EMERGENCY CONTACTS

### Parent/Guardian Information:

Name of Father or Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

2nd Phone # \_\_\_\_\_

Name of Mother or Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

2nd Phone # \_\_\_\_\_

### Emergency Contacts: (Different from parents listed above)

First Contact: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ Phone Number 2<sup>nd</sup> Phone Number

Second Contact: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ Phone Number 2<sup>nd</sup> Phone Number

### Parent Signature:

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian