



Sterling United Methodist Church
304 E. Church Road
Sterling, VA 20164
703-430-6455
Vacation Bible School 2010



Medical Information and Release Form

The below mentioned individual has permission to participate in the Sterling United Methodist Church (SUMC) "Vacation Bible School 2010." 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 2nd Phone Number

Second Contact: _____
Name Relationship

_____ Phone Number 2nd Phone Number

Parent Signature:

Signed _____ Date: _____
Parent/Guardian