

Kennesaw United Methodist Church

1801 Ben King Road

Kennesaw, Georgia 30144 (770) 428-1543



ADULT (Completed 12th grade & older) Medical Release and Permission Form

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Age _____ Date of Birth _____

Spouse/Close Relative Contact

Name _____ # _____ Cell # _____

Emergency Contacts (NOT listed above):

#1 Name _____ Relation to self _____

Phone Number(s) _____ Cell # _____

#2 Name _____ Relation to self _____

Phone Number(s) _____ Cell # _____

Please list all food and medical allergies, current medications, medical problems, or other pertinent information. Use reverse side if more space is needed.

Insurance Company _____ *Attach copy of card.

Group Number _____ Policy Number _____

Physician _____ Phone Number _____

Physician's Address _____

Dentist _____ Phone Number _____

Orthodontist _____ Phone Number _____

1* ____ I give permission for KUMC to use photos of my ministry involvement for promotional use as well as website placement. 2* ____ I give permission to be transported to and from offsite activities and release KUMC and all adult sponsors or church staff from any liability in the event of any accident during ministry sponsored events. 3* ____ I also give my permission to be examined, x-rayed, and treated by any licensed medical facility, office, hospital, or emergency facility, if in the judgment of the staff or a representative from KUMC, emergency care, including anesthesia or surgery, is required to insure the health and well-being of myself. I understand that every effort will be made to contact a close relative.

*(*Initial to acknowledge and approve.)*

I understand this medical release/permission form is valid for one year and acknowledge that it is my responsibility to update it as needed.

Signed _____ Date _____

Signature

Notary _____ Date _____