

COLLIERVILLE UNITED METHODIST CHURCH  
454 West Poplar Collierville, TN 38017 (901)853-8383  
Information and Medical Release Form:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_

In case of an emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other relative or emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Medication (s) you CAN NOT TAKE:

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Medication (s) you are currently taking: \_\_\_\_\_  
(please send these medications in their original bottle as received from the pharmacist or doctor with clearly legible label. The Youth Director or designee must hold all prescription medications)

Allergies/Special health problems or concerns: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Holder's Identification: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature of Parent (s) / Legal Guardian (s) \_\_\_\_\_