

First United Methodist Church
212 3rd Street N. St. Petersburg, FL 33701
(727) 894-4661

**Medical Release Form
(Onsite only)**

TO WHOM IT MAY CONCERN:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child:

Print Name of Child

In the event of an emergency at which time I cannot be reached, I give consent to transport my child by ambulance.

Physician's Name

Phone Number

Allergies: _____

Date of last DPT or TETANUS: _____

Insurance company covering my child: _____

Name of individual coverage is assigned under: _____

Policy Number: _____ Expiration Date: _____

COMPLETE THE FOLLOWING BEFORE A NOTARY PUBLIC:

Signature of parent or guardian

Date

Home phone: _____ Work or cell phone: _____

State of _____ County of _____

On the _____ date of _____ 20____ before me

Came _____

To me known to be in individual described in and who executed the foregoing instrument and acknowledge that he/she execute the same.

Notary Public _____