

Medical Permission and Release Form

Re: \_\_\_\_\_  
Name of Child

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

To: St Luke After School Program, St. Luke United Methodist Church, Sanford N.C.  
and those in charge of After School pupils.

Our child, named above, which we have requested you to enroll, has our permission to attend and participate in all activities, scheduled and unscheduled in and out of the regular meeting place.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

Allergies: Food \_\_\_\_\_  
Medication \_\_\_\_\_  
Insect stings or bites \_\_\_\_\_  
Other \_\_\_\_\_

Any past medical history that we need to be aware of:

Any current daily medications: \_\_\_\_\_

In Case of an emergency notify: \_\_\_\_\_

Phone Numbers \_\_\_\_\_

My permission is granted for the director or employees in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of St. Luke After School Care Program and St. Luke United Methodist Church from any and all claims, demands, actions or cause of action, past and present, or future arising out of any damage or injury while participating in after school activities.

Date this \_\_\_\_\_, 20\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_

Signature \_\_\_\_\_

On this the day of \_\_\_\_\_, 20\_\_ personally appeared before me \_\_\_\_\_, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_. My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_