

Kingwood students seek to **honor** God, **discover** our spiritual gifts, **share** Jesus with others, **connect** together, and **grow** as disciples of Jesus.



# KSM Medical Release Form

Last Name:

## Student 1

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female  
This child may be given these over-the-counter medicines if needed (circle all they can have):  
Tylenol      Ibuprofen      Benadryl      Pepto-Bismol      Dramamine  
Antibiotic Ointment      Itch Cream  
Medical Needs (list allergies, medications, and other pertinent issues):

## Student 2

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female  
This child may be given these over-the-counter medicines if needed (circle all they can have):  
Tylenol      Ibuprofen      Benadryl      Pepto-Bismol      Dramamine  
Antibiotic Ointment      Itch Cream  
Medical Needs (list allergies, medications, and other pertinent issues):

## Student 3

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female  
This child may be given these over-the-counter medicines if needed (circle all they can have):  
Tylenol      Ibuprofen      Benadryl      Pepto-Bismol      Dramamine  
Antibiotic Ointment      Itch Cream  
Medical Needs (list allergies, medications, and other pertinent issues):

## Contacts & Emergency Information

Mother/Primary: \_\_\_\_\_ Mother Contact Phone #: \_\_\_\_\_  
Father/Primary: \_\_\_\_\_ Father Contact Phone #: \_\_\_\_\_  
Additional Emergency Contact: \_\_\_\_\_ Additional Contact Phone #: \_\_\_\_\_  
Parent Email Address: \_\_\_\_\_ Primary Home Address: \_\_\_\_\_  
  
Name of Insured: \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Please attach with this document a front and back copy of an up-to-date insurance card.

## Release Information

By submitting this form, you allow Kingwood Church of Christ to seek whatever medical treatment is deemed necessary and release the church and its staff of liability. In the case of a medical emergency, you take responsibility for medical care and the cost of any care provided to the students named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_