



# Enrollment Form 2018-2019

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex: M F**

**Mother's cell:** \_\_\_\_\_ **Father's cell:** \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_

**Emergency Contact** (someone other than parents who could be contacted in case of an emergency):

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## Medical Release Form Crazy Christians 2018-2019

I, \_\_\_\_\_ do hereby give my permission for my child to participate in the activities sponsored by Crazy Christians at First United Methodist Church. I also consent to any hospital, medical, or surgical care and treatment as well as the administration of anesthesia as determined by a qualified physician to be necessary for the welfare of my child while said child is under the care, custody, and control of the Crazy Christians staff of FUMC, Coppell, and I am not reasonably available in person or by telephone to give consent.

Medical history: known allergies to food, drugs, bee stings, etc.: \_\_\_\_\_

List all prescription medications currently taken: \_\_\_\_\_

Date of last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_