

Jumpin' Jehoshaphats

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 Jumpin' Jehoshaphats 2018-2019

I, _____ do hereby give my permission for my child to participate in the activities sponsored by Jumpin' Jehoshaphats 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 Jumpin' Jehoshaphats 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 _____