Cypress United Methodist Church
13403 Cypress N. Houston Rd.
Cypress, TX 77429

281.469.0730 phone
281.469.3128 fax
www.cypress-umc.org

VBS and Mission Patrol

Health Form 2011

Child's Name: _____ Name used: _____
(last) (first) (middle)

Birth date: _____ Gender: M / F
(mo / day/ yr)

Father's Name: _____ Cell # _____

Mother's Name: _____ Cell # _____

Does your child have any allergies? _____

Other information about your child's health that might be helpful: _____

_____

Has your child ever had any developmental problems? (speech, hearing, etc.)

_____

List any significant fears that your child has: _____

Persons to Contact When You Cannot Be Reached

Your child will be released only to you (parents) or other persons designated by you. Parents or other designated persons bringing the child to KNO should make sure that a staff member is aware of the child's arrival and departure. Please list persons with whom you want your child to be released to other than yourself. We would use these numbers in the event your child becomes ill or injured and needs to be picked up and we cannot reach you at ANY of the numbers you have provided above (home or cell phone). In addition, the individuals listed could serve in a carpool or other transportation arrangement. KNO must be notified in advance if someone not listed is to pick up your child. Individuals listed should be notified that they will be asked for identification before your child is released to them.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

_____ _____
Parent's Signature **Date**

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Vacation Bible School

Medical Release Form

Child's Name: _____
(last) (first) (middle)

Mailing Address: _____
Street City Zip

Home Phone Number: _____

Insurance Company: _____ Phone Number: _____

Policy Number: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

_____

Authorization for Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or injury, I hereby authorize Kid's Night Out (KNO) of Cypress United Methodist Church to call for medical instructions:

Doctor's Name: _____ Phone Number: _____

Address: _____

In the event that the above doctor cannot be reached, I hereby authorize Kid's Night Out (KNO) of Cypress United Methodist Church to take my child to the physicians and/or hospital of its choice.

_____ _____

Parent Signature **Date**