

# Jumpin' Jehoshaphats

## Enrollment Form 2011-2012

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: \_\_\_\_\_

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

### Medical Release Form Jumpin' Jehoshaphats 2011-2012

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 \_\_\_\_\_