

## Medical Release Form

Name of event: \_\_\_\_\_

I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize adult volunteers of \_\_\_\_\_ (name of church) as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability \_\_\_\_\_ (name of church), any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed \_\_\_\_\_

Parent/Legal Guardian (print) \_\_\_\_\_

Parent/Legal Guardian (sign) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Emergency Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy or Group Number \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

If parent/legal guardian is not available in an emergency, contact

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Please list any allergies. Include medications, foods, etc. \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical or special needs, including medications currently being used?

No \_\_\_\_ Yes \_\_\_\_ If yes, please explain. \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Birth date \_\_\_\_\_