

# MEDICAL RELEASE FORM

Name of Child \_\_\_\_\_

Name of Event \_\_\_\_\_

I (we), the undersigned parent(s) or guardian(s) of the aforementioned 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 for the treatment of my minor child, named above. I further release from any liability \_\_\_\_\_ (name of church), any of its ministries or leaders in the event of an accident en route, during, or returning from the event specified above. This agreement does not apply to claims for intentional misconduct or gross negligence.

\_\_\_\_\_  
Parent Guardian Name (print) \_\_\_\_\_ (date)

\_\_\_\_\_  
Parent/Guardian Name (sign) \_\_\_\_\_ (date)

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

Emergency Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

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

Policy or Group Number \_\_\_\_\_ Phone \_\_\_\_\_

If parent or guardian is not available in an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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Does your child have any medical or special needs, including medications? (Circle One)

No Yes

If yes, please explain. \_\_\_\_\_

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Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Birthdate \_\_\_\_\_