

Medical Release Form

I hereby give permission for any and all medical attention necessary to be administered to my child _____ in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment and for any emergency transportation that may be deemed necessary.

Parent/Guardian Name _____

Address _____ City _____ State ____ Zip _____

Phone: Home (____) _____ Work (____) _____

Name of Insurance Company _____

Policy Number _____

In case I cannot be reached, any of the following people is designated to act on my behalf:

Youth Pastor: _____

Youth Sponsor: _____

Child's Physician's Name _____

Address _____ City _____ State ____ Zip _____

Phone: (____) _____

KNOWN ALLERGIES: _____

Emergency contact person other than parent: Name _____

Phone: _____

Signature of Parent/Guardian _____

Date: _____