

## MEDICAL RELEASE FORM

In case of emergency contact (name/phone/cell/pager#)

\_\_\_\_\_

Alternate \_\_\_\_\_

Does the child live with: Mom, Dad, Both, Grandparents, Other \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I, the parent/guardian of \_\_\_\_\_, understand that my child is responsible for knowing the rules and regulations made by the church and staff of this activity.

It is expressly understood by the parents or guardian of whom this registration is made, is in a condition of health that warrants his or her participation in this event. The adult leader of this activity is hereby granted permission to take the named child to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said activity. \*In consideration of this acceptance for said activity, said church, its agents and employees are hereby released and relieved from all liability for accident or injury to said child arising from any and all activities of this event.

Insurance \_\_\_\_\_

Dr.'s name \_\_\_\_\_

Phone # \_\_\_\_\_

Allergies or illnesses \_\_\_\_\_

Is the child on any medications? (Please list)

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_