

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
and 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