



# MEDICAL RELEASE FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  M  F  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Church \_\_\_\_\_ Grade in school \_\_\_\_\_  
 Parent / Legal Guardian(s) Name (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

### Medical Permission

I give permission for adult leaders/volunteers to administer emergency treatment, contact emergency personnel, and act in my stead in approving necessary medical care until I can reasonably be contacted. I understand that should any medical bills be incurred, our family's insurance(s) may be used.

\_\_\_\_\_  
 (Parent/Guardian Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Parent/Guardian Name – please print)

\_\_\_\_\_  
 (Cell or Daytime Phone) (Nighttime Phone)

Family Insurance Company: \_\_\_\_\_

Family Insurance Policy Number: \_\_\_\_\_

Emergency Ph. Numbers (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Tetanus/Immunization Status (within 5 years)**  YES  NO

**Allergies:** Please list all medications and non-medication allergies your child has: \_\_\_\_\_

**Medications:** Please list all prescription and OTC medications, with directions, your child takes: \_\_\_\_\_

**Over the Counter Med:** Please list all creams, lotions, etc. that your child **CANNOT** be exposed to: \_\_\_\_\_

**Dietary Requirements :** Please list any dietary requirements and/or allergies that must be observed: \_\_\_\_\_

**Physical Conditions:** Please list any conditions that limit your child's participation in this event: \_\_\_\_\_

Any additional information you would like to share about your child: \_\_\_\_\_