



Medical Release Form



I (we), the undersigned parent(s) or guardian(s) of

a minor, do hereby authorize adult volunteers of
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

any of its ministries or leaders in the event of an accident in 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 _____