

Illustration H

MEDICAL RELEASE FORM

_____, _____, _____
Church Name *City* *State*

Name _____

Address _____

City/State/Zip _____

Birthday _____ Age _____

Parent/Guardian Name _____

Address _____
(if different from above)

City/State/Zip _____

Employed by _____

Daytime Phone (_____) _____ Evening/Night Phone (_____) _____

Are you currently taking medicine or treatment? Yes No

If yes, explain _____

Have you been restricted from sports or swimming for any reason? Yes No

If yes, explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite? Yes No

If yes, explain _____

Do you have:

- Sinus Trouble
- Hay Fever
- Heart Trouble
- Epilepsy
- Asthma
- Diabetes

List any Allergies:

Food _____

Drugs _____

Other Medical Needs: _____

EMERGENCY MEDICAL AUTHORIZATION

Event: _____

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child at the above mentioned event to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature _____

Insurance Company _____

Policy Number _____

If I cannot be reached, please notify: _____
(_____) _____ or (_____) _____

Today's Date _____