

Medical Release Form

Name of event: _____

I (we), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of Faith Community 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 Faith Community Church, 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 _____