

# Medical Release Form

Name of Event

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

a minor, do hereby authorize adult volunteers of (name of parish)

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 (name of parish)

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

Emergency Phone for Home and Work

Health Insurance Company, Policy or Group Number, and Phone

If parent/legal guardian is not available in an emergency, contact this name and phone

Please list any allergies. Include medications, foods, etc.

Does your child have any medical or special needs, including medications currently being used? Yes or No? If yes, please explain.

Doctor's Name and Phone

Dentist's Name and Phone

Date of Last Tetanus Shot

Birth Date