

Childhood Ministry Medical Information and Release Form

Child's Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Parent's or Guardian's Name: _____

Insurance Company: _____ Policy No. _____

Please list any medical condition that the Childhood Ministry Staff should be aware of:

List any allergies: _____

List activities your child should not participate in: _____

List person to contact in case parent or guardian cannot be reached in an emergency:

_____ Phone: _____

Physician: _____ Phone: _____

PLEASE COMPLETE THIS BOTTOM PORTION IN PRESENCE OF NOTARY

Release

For consideration of my child's participation in activities of _____ (church), I release _____ (church), its members, officers, agents, employees and workers, from any liability for any injuries or illnesses which might occur to my child. If further agree to indemnify _____ (church), its members, officers, agents, employees and workers, from any expenses they might incur due to any injuries or illnesses. This release is effective for the year January 1 to December 31, _____.

MEDICATION TREATMENT AUTHORIZATION:

I, (*print name of parent or guardian*) _____ hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to insure the well-being of the above-named minor.

SIGNED: _____ (Parent or Guardian)

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, _____

MY COMMISSION EXPIRES: _____

NOTARY: _____