## CHILD PERMISSION-MEDICAL RELEASE FORM

(One form is needed for each child in attendance. Keep a copy of each form with you.)

Name	
Birth Date / / Age	D 1 .11
1 iddi C55	Bring this
City State Zip	Original
	completed
Name of Church Group a astor's Name	form with
Reason for Outing	you to the
Reason for Outing Shirt Size	event.
	DO MOT
Parent/Guardian Name	DO NOT
Parent/Guardian Name Work Phone ()	MAIL.
Other Person to Notify in Case of Emergency	
Relationship	
Relationship Day Phone ()Evening Phone ()	
PLEASE SUPPLY ALL OF THE FOLLOWING INFORMATION.	
PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.	
Medical Insurance Company Name	
Group# Policy #	
Company Address	
City State Zip	
Phone ()	
PHYSICAL LIMITATIONS (Asthma, diabetes, etc) AND/OR SPECIAL INSTRUCTIONS (rare blood type, wears contacts, etc)	
ALLERGIES (Medications, food, bee stings, etc.)	
LIST ALL MEDICATION TAKEN ON A REGULAR BASIS AND/OR ANY YOU BRING WITH YOU (Prescription medications must be in original pharmacy labeled containers.) No plastic bags with loose pills.	
DATE OF LAST TETANUS SHOT	
PERMISSION TO GIVE TYLENOL OR OTHER OVER THE COUNTER MEDICINENO	
AS PARENT OR LEGAL GUARDIAN, I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE OUTING NAMED ABOVE AND UNDERSTAND THAT THE CHURCH AND ADULT SPONSORS CANNOT ASSUME LIABILITY FOR ACCIDENT OR INJURY TO PARTICIPANTS. IN THE EVENT OF AN EMERGENCY THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION FOR THE PHYSICIAN SELECTED TO HOSPITALIZE, PROVIDE PROPER TREATMENT, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR THE CHILD NAMED ABOVE.	
Signed	
DateRelationship	