

\*\*Attention – you do not have to use this particular form if you have another form from your church that you can bring a copy of. Our concern is that a form exists, not a certain type- Thanks!

## MEDICAL RELEASE INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Please list complete, legal name.)

Please list any medical allergies, medications being taken, medical problems, special needs, or other pertinent information:

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MEDICAL INSURANCE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the adult advisors to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(parent or guardian)

Please call these numbers in case of emergency:

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(Please list names, relationships to youth, and numbers.)